10000-61 .or alliering party generated and the workers and a committee of the section of the section of the section of the

BP.

DHMH-17 (VR A15 ME (5))

15M 7/77

- STATE

(TYPE OR PRINT)

Male

7a. BIRTHPLACE (STATE OR

10. CITY OR TOWN OF DEATH

FOREIGN COUNTRY)

MARYLAND

Cumberland

Maryland

14. FATHER'S NAME

THOMAS

(YES, NO, OR UNKNOWN)

lying cause lost

190. DATE OF OPERATION

12-21-78

210 EXTERNAL CAUSE WAS

UNDERLYING X OR

21d. INJURY OCCURRED

death resulted fram:

3. SEX

13a. STATE

REGISTRAR 1. DECEASED NAME

4. RACE

Whites

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEA ANDREW KNOWN T MONTH b. HOUR ESTIp DEATH MATED James A. Anderson DATE OF BIRTH AGE LIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR DATE 20. LAST BIRTHDAY) PRONOUNCED DEAD p 62 YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED Allegany USA WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Memorial Hospital LABORER KELLY TIRE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany Frostburg Rt.#1 BOX 567 YES [NO A 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST ANDER SON DELLA HOTT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMAN 166 SOCIAL SECURITY NO FROSTBURG. MD. (IF YES, GIVE WAR OR DATES) 217-10-5272 WWII MRS. JAMES A. ANDERSON, RT box 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Pulmonary Embolism Hours IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Fracture of right Hip 13 days gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? Right hip fracture NOTO 216. TIME OF INJURY HOUR A.M MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) P.M. 1-2-79 19 Fell on sidewalk at home CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK AT WORK Frostburg, Allegany, Maryland Home 22a. I certify that I took charge of the remains described above, held an Autopsy Nucosocioec Homicide L Undetermined monner TITLE (SPECIFY) 1-2-79

R#9, Cumberland, Maryland 21502 EXAMINER'S NAME Benedict Skitarelic, M.D. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 1/5/79 REST LAWN MEM. GARDENS CUMBERLAND ALLEGANY. BURIAL 60 W. MAIN ST. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Frostburg. Sowers Maryland

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		male	White	05-04-		YRS.		DEA			79 19	10p,
		IGN COUNTRY)	TAIL OR				RIED KNEVER MARRI	IED 🗀		_	TY OF DEATH	
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10.				(IF NOT IN SUCH FA	ACILITY, GIVE STREET A	DDRESS)	HER INSTITUTION	12a USUAL OCC		TYPE OF WORK	12b. KIND OF BI OR INDUST	USINESS TRY
ilei		umber	Land		ial Hos		DOA	Housek	eeper		Home	
13a.	ST	ATE	13b. COUNT	TY	13c. CITY OR T	NWC	13d_INSIDE CITY LIMITS?	130. STREET ADD	RESS			
-	_	ryland		egany	Cumber	Land	YES A NO	816	Colu	mbia A	venue	
14.	FAT	HER'S NAME		MIDDLE	LAST	194	15. MOTHER'S MAIDE	EN NAME	MIDDLE		LAST	7-5-1
	***	Fred			Dre	yer	Cardi	ne			Brook	3
160	(YES	AS DECEASEI , NO, OR UNKNO	D EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166. SOCIAL S	ECURITY NO.	17. INFORMANT		ADDRE	816 C	olumbia	Ave
		No			213-71		Louis H.	Appel		Cumbe	rland, I	Md
E		RAPT LDE	F DEATH (Enter onl	y one couse per line	for (o), (b), ond	(c).)					APPROXIMAT BETWEEN ONSE	
		(16		E CAUSE (o)			Hemothora	ax, bilat	eral		Minu	tes
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/	1	gave ris	ns, if ony, which se to immediate	(b)			Crushed o	chest			11	
		lying cau	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONSEQU	ENCE OF						
	1			(c)								
7		PART 2 DTHER SIG	GNIFICANT CONDITIONS C	DATRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PAI	RT 1 (o),				
CERTIFICATION		IA- DAYE OF	OPERATION							166		
Z		IVO. DATE OF	OPERATION	196. CONDI	TION FOR WHIC	H OPERATION W	VAS PERFORMED?				20 AUTOPSY	?
RTIF		U. EVIEDALA	1 CALISE MAS	011 7117 6							YES X	NO 🗆
		JNDERLYING	L CAUSE WAS		. MONTH DAY	YEAR	OW INJURY OCCURRE			18 PART I OR PAR	₹T 2)	
MEDICAL		CONTRIBUTION	NG CAUSE OF D		_ , , ,	19 Fe	ll down sta	airs at h	ome		4-71-	
MED		WHILE			TORY, FARM, ETC.)		CATION STREET	CITY OR TO	OWN	COL	YTAL	STATE
	1	AT WORK	NOT WHILE TO	H	ome		816 Columb	oia Avenu	e, Cu	mberla	nd, Alle	g.Md.
		22a. I certif	y that I took charge	e of the remains des	cribed abave, he	d on Autop	sy Inspection	Inquir	X	and in my op	inion	
		death resulte	ed fram: Nature	ol causes ,	Acident A,	Suicide		Undetermined n],		
			1	. + 1	1-		TITLE (SPECIFY)			20,740		
		GNATUR	Genea	tel St	clare	Quel N	Deputy	MEDICAL EXA	MINER	DATE	0 1-4-7	9
		YAMINED'S	NAME Bened	et Skite	relic N	ח	P#0 (umberlan				
of .		TYPE OR PRIN	VI)		rorre, L		ADDRESS	MINDELTAN	a, ma	• 51	202	
23o.	BUF (SPE	CIAL, CREMAT	ION, REMOVAL 23			OF CEMETERY C		23d. LOCATION CITY OR TOWN		COUN	ITY S	TATE
		Buri	al	Jan 8/19			urial Park	Cumber	land	Allega	ny Mary	land
24.	FUN	VERAL DIREC	TOR	ADDRESS	404	Decatur	St 25a. DATE R	REC'D. BY REGISTR	AR 25b RE	GISTRAR'S S	GNATURE	
1	1.	TCOX-W	erritt,	Cumberla	nd, Mary	land	JAN	13 13/3	1	1		

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should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

MAPAPLANT IS the page 2.

injury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

230 BURIAL CREMATION, REMOVAL (SPECIFY)
Burial

24 FUNERAL DIRECTOR
D. NEWMAN

23b. DATE

HOME

FUNERAL

			STATE OF MARTLAND		
1	FOR - STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE 7 C	1-00004
١.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	, - 0000.
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYP	E OR PRINT)	ETHEL	DENNETT	I ALUMANY OF	1070 5:00 AM
3. SE		I RACE	BENNETT 15. DATE OF BIRTH	JANUARY 21	IF UNDER LYFAR IF UNDER 24 HRS
3. 36	Female		MONTH DAY YEAR		MONTHS DAYS HOURS MIN
1		White			RS.
70-8	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	INTY OF DEATH
1	Pa.	U.S.A.	WIDOWED TO DIVORCED	ALLEGANY COL	JNTY MD.
10.0	TITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
	umberland	SACRED HEART		Housewif	INDUSTRY
130	STATE 196 COU	or other institution, give residence before the control of the con	ORE ADMISSION) VSV111e(YES) NO T	13e. STREET ADDRESS	
14. F	ATHER'S NAME		15 MOTHER'S MAIDEN NA		
	Charles	Ringler Ringler	Mary	Wertz	TAST
160	WAS DECEASED EVER IN U.S. AF		CURITY NO. 17 INFORMANT	ADDRESS	
	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 22016	5586 Opal Beck	RD31 Chaneva	ville Pa.
H	Lacoustication			and a contract of the	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), (ED BY:	and (c.)	10.1121	BETWEEN ONSET AND DEATH
	IMMEDIA	TE CAUSE (a) HCull	framework)	14 Juga Cian	4
	471-	DUE TO, OR AS A CONSEO	UENCE OF	4. 1	/ 1.
	Conditions, if ony, which	(b) CAVE	mc & bstv	chue mod	defease
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF		0
15	underlying couse last	(6)			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING X	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OF CONDITION	GIVEN IN PART 1(a)
S	C	NF IR	en Millery	acidose	-
F	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	F YES, WERE FINDINGS USED
문					ERTIFYING CAUSES OF DEATH?
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	11/2 HOW IN ILLRY OCCUP	YES NO	YES NO
	OR CONTRIBUTING CAUSE OF DE	LICUID A AL ALCONITU		KED (ENTER NATURE OF INJURY IN THEM	N TB, PART I OR PART 2)
EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
Ð	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK AT WORK				
	220.1 certify that (1) (this hasp	oital) attended the deceased fram		, 10	, 19, that (I) (we) lost
	sow the deceased alive an	n19. at view the body after death	and that in (my) (aur) apinian	death accurred an the date and	haur and fram the couses stated
	22b. SIGNATURE	or view the body offer death	DEGREE		224. DATE SIGNED
	N,	MINDIN	ATTENDING	MEDICAL STAFF	121120
	22d. PHYSICIAN'S NAME (TYPE	00.000.00	PHYSICIAN [DIRECTOR PHYSICIAN	121/1
	WALID S. H	IJAB MD.	909-A SETOI	N DRIVE. CUMBERL	AND, MD. 21502

BP.

retained by the hospital or attending physicia

DHMH - 16 50M 7/77 (VR A 15 (4))

23c NAME OF CEMETERY OR CREMATORY

Bed. Pa.

DRIVE, CUMBERLAND, MD.

23d. LOCATION
Chaneysville County
Bed

3	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	NTAL HYG	IENE Reg. N	7.9	-000	05
		CEASED NAME FIRST		WIDDLE	f	AST			MONTH	DAY YEAR	26 HOUR
900	(III)	CLEDA		Α.	E	SISHOP			1	21 79	7:25Am
8	3. SE	X	4 RACE		5 DATE C		YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
oge 4		FEMALE	WHI	TE	4		94	84	YRS.		Mary Mary
in 72 ho	7e Bi	RTHPLACE (STATE OR FOREIGN OUNTRY) WA.	TE CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MAR		P BALTIMORE CITY OF ALLEGAN			MD.
by the fu	- 5	FROSTBURG	FRO	HOSPITAL, NURSIN H FACILITY, GIVE STREET STBURG VI	LLAGE		TION	120. USUAL OCCUPATO (TYPE OF WORK FOR MOST OF Housewife		IZE KIND C INDUSTRY Own I	of Business or Home
filled in hould be	130 5		OR OTHER INSTITUTION UNITY EGANY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW CUMBER	N		0 🗆		rylan	d Ave.	
ond 2 sh	14 FA	THER'S NAME FRANK	WIDDLE	APPLE				WIDDLE		TŴ	IGG
on ond co	16a V	VAS DECEASED EVER IN U.S. yes, no or unknown) (IF yes, (ARMED FORCES? GIVE WAR OR DATES)	234-54-7		Mr. Les	ter B	ishop, Cumb			
certificate ing physicic rbanpaper is removal it event, this		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per SED BY IATE CAUSE (0)	Preumoni							ONSET AND DEATH
hat the death ce by the attending use remaye carb i, cremation, or r other traumatic	>	Conditions, if ony, which	DUE TO, O	A Spicat						31	42.
that the death certificate by the attending physics ease remove carbon paper of, cremotion, or removal is other traumatic event, the		gove rise to immediate couse to 1, stating the underlying couse last	DUE TO, O	RAS A CONSEQUE		· Syndro	ac.			Y	415
equires the signed I	N O	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM			VEN IN PART 1	0
he law range. hos been to permit the permit	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	YES NO NO	IN CERTI	S, WERE FINDIP FYING CAUSES ES	NGS USED OF DEATH?
SICIAN: The Ing physicion. certificate has viral-transit per lental Hygiene Hem 18 shows	_	71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	OF INJURY M. MONTH DA M.	YEAR	21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18.	PART 1 OR PART 2)	
DING PHYS or attendin After this c e as the bur oith and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TTENDIN pital or ITOR: At for use o of Health		220.1 certify that (1) (this ha sow the deceased alive above (1) (we) (did) (did			Dec 79 .01		19 <u>78</u> r) apinion a	to Jan 2			that (1) (we) last couses stated
TAL CATA y the hos RAL DIREC detached tate Dept.		22b. SIGNATURE	1.6	al:		PHY	INDING SICIAN D	MEDICAL STA	FF CIAN []	226. DATE	SIGNED 27-79
TO HOSPITAL of etoined by the TO FUNERAL Eshould be detoined the State Elements with the State Elements of the		Thomas J.	Deulin	m.O.		220 ADDRESS 55 Ja	ckson	St., Lonacon	ins, n	nd. 213	137.
BP	1	BURIAL, CRÉMATION, REMOV SPECIFY) Burial	1-24-			emetery or crea M emori al	_	Cumberlan	d. Al	соинту	STATE
DHMH-16 20M (VRA 15, 4) 7/78		UNERAL DIRECTOR		Cumberla			250. DAY	N°25 1979	25b. R. 515	143835 FR	Ready

SCARPELLI FU ERAL HOLE, VA. AVE., CUMBERLAND, MD.

79-00007

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MIDDLE 2b HOUR I. DECEASED NAME (TYPE OR PRINT) 7:15 Bloss January 20, 1979 Mary 6. AGE (IN YEARS LAST BIRTHDAY) E LINDER 24 HRS 4. RACE 5. DATE OF BIRTH 3. SEX YEAR DAYS HOURS MIN 07-05-93 Female Caucasian BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Allegany SA Cumberland, Md. WIDOWEDE DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Win Home. Lions Manor Nursing Home Housewife Cumberland USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13. SIREET ADDRESS 417 Favette St. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Allegany Maryland Cumberland NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gock Wieman Margaret John Business Office, Lions Manor Nursing Hm. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 219-46-0591 No eton Dr ive ext. Cumberland, Md. 21502 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: MMEDIAGE IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF ARTERIUSCHEROTIC PRAIN DISCASE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOV YES M 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 22b. SIGNATURE DEGNEE

27d PHYSICIAN'S NAME (TYPE OF PRINT) Michael Montgomerv. M.D.

23b. DATE

Wayne George 202 Greene St. Cumberland. Md.

23c. NAME OF CEMETERY OR CREMATORY

PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS Seton Drive

MEDICAL

Cumberland, Md. 21502 23d LOCATION

BP DHMH - 16 50M 7/77 (VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL Burial 1/23/79

24. FUNERAL DIRECTOR

SS. Peter & Paul Cem.

ATTENDING

Cumberland, Allegany Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S STEEL TO LES JANZD

STAFF

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ine must be notified

injury, or other troumatic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

FOR

STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-00008

		CEASED NAME	FIRST	1	MIODLE	L	AST		20. DATE OF DEATH MO	NIH OA'	Y YEAR	26 HOU	R
я	(TYPE	OR PRINT)	NANNIE		В.	ВС	HRER		JANUARY 5	197	2	6:	00R
F	3. SE)	X		4 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTHO	(Y) IF	ONOER I YEAR	IF UNDER	- 1771
35		Female	1	Whit	0	Sep		NEAR 896	82	YRS	NTHS DAYS	HOURS	MIN
2 -	7a. BII	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY	8			9. BALTIMORE CITY OR		F DEATH		
5		est Vir	dinia	USA		WIDOWE	D NEVER MAI	RCED	Allegany	7			MD
	10 C1	TY OR TOWN OF	DEATH		HOSPITAL, NURSI	NG HOME C	120 USUAL OCCUPATION		126. KIND O	F BUSINE	SSOR		
0		CUMBERL	AND	MEMOT	KILAL FORESHOE	SPITA	\L		(TYPE OF WORK FOR MOST OF W Housewife	ORKING LIFE)	Own F	Home	
	USUA 13a S	AL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		1 13d. INSIDE CITY	LIANITS?	13e. STREET ADDRESS	15 18			
51		vland	Alle		Cumber 1	_		0 🗆	309 Footer	Pla	ice		
	14. FA	THER'S NAME		NIDOLE	LAST		15. MOTHER'S M		WIOOFE WIOOFE		LAS		
11		Willi		THE COLUMN	Royc	e	Ann		WIGOLE		Whit		e
1		VAS DECEASED E	VER IN U.S. ARA	MED FORCES?	16b. SOCIAL SEC		17 INFORMANT		ADDRESS				
		No	, (" 1E3, OIVE		2/105-78-	7491	Georgi	a Var	Heter, Cu	ımber	land.	Md	
		18 CAUSE OF D	EATH (Enter onl	y one couse pe	line (prai) of	nd (c	1	1			BETWEEN	MATE INTER	VAL
	273	PART I. DEAT	H WAS CAUSED IMMEDIATI		Many	nus	744 W	nux					
9		414	9	DUE TO, O	AST GONSE	EN EDE	0115	P	10				= -
3		Conditions, if	ony, which	1	NUMBOU	VYY	(#P		HV				
7		gove rise to couse tot, s	toting the	DUE TO, O	ACONE	N E OF	1 : 1	11/2	1 donas	2-05	100		
	23	underlying co	ouse lost.	(c) 7	17/1		MANY	Mice	1 arach			300	
	-	PART 2 CIHER	SIGNIFICANTO	ONDITIONS!	NTRIBUTING 10	DEATH BUT	NOT RELEED TO	THE TERMI	INAL DISEASE OR CONDIT	ION GIVEN	IN PART 10)	171
	CERTIFICATION	M	miao	OT	MIN	well	1 aux	ast					
1	ICA	190 DATE OF OPI	ERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY? 2	OF PYES, V	WERE FINDING CAUSES	OF DEAT	H?
×	RTIF								YES NO	YES		NO [
9		210. ACCIDENT WAS			FINJURY M. MONTH D	AY YEAR	21c HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18, PART	1 OR PART 2]		
1	CAL	(IF EITHER, NOTIFY N	AEDICAL EXAMINER)	P.,		19		- 10 5					
	MEDICAL	21d, INJURY OCC		21e. PLACE ((AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE.	FARM C.)	21f LOCATION STREET		OR TOWN		COUNTY	51	ATE
	-	AT WORK	TV ORK			MA	1	09	Man	5	99		
		22a.l certify tho		/X 4/7	or character from	gyur	1//	19	, to	. 19		that (I) (v	
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		111	MV	my		//	PHY	SICIAN	DIRECTOR PHYSICIA	N 🗌	110		
1	3	22d. PHYSICIAN		- 134 - 2			22e. ADDRESS	MEMOR	IAL HOSPIT	AL MI	ED. B	LDG.	
		DR. T	ERRY W	ILLIAN	15			UMBE	RLAND, MD.	215	02		
	15	SURIAL, CREMATIC	ON, REMOVAL	23b. DATE			EMETERY OR CRE		23d. LOCATION CITY OR TOWN		OUNTY	STA	ATE _
	BU	iriai		Jan 8,	1979St	inset	Memori		< Cumberlar				Md.
p.		NERAL DIRECTO		-	AOORESS			0111	REC'D. BY REGISTRAR 256	REGISTRA	R'S SIGNAT	URE	
5	Ki	ght Fu	neral.	Home,	Cumber]	and,	Maryla	nd.				1	

DHMH - 16 50M 7/77 (VR A 15 (4))

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

1	- STATE REGISTRAR			DEF MATE	CERTIF	ICATE OF DEATH	REG.	•	0001	
1	DECEASED NAME	FIRST	1100	WIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		LLOYE)	С.	BROW	/N	JANUARY	8,	1979	11:07 PM
	3 SEX		4. RACE		5 DATE (6. AGE JIN YEARS LAST E	IRTHDAY)	IF UNDER I YE	
1	Male	= 1	White			17, 1910	68	YR		TS HOURS MIN
1	OUNTRY)	FOREIGN	Th. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COU	NTY OF DEATH	
4	Pennsylvan	ia	USA		WIDOWE		Alle	gany		MD.
	CITY OR TOWN OF DI	EATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA			O OF BUSINESS OR
	CUMBERLA		MEM	ORIAL HO	SPIT	AL	Retired	or woman		icipal
	USUAL RESIDENCE (# NU 130. STATE	RSING HOME OR		131. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	5		FARELEIN.
)	Maryland	Alle	gany	Cumberla	and	YES 🔀 NO 🗌	613 Elwoo	od St	•	
1	4 FATHER'S NAME	A	NDDLE	LAST		15 MOTHER'S MAIDEN NAM	AIDDLE			LAST
1		John	Brown		2	A	Amanda nmn			
1	60 WAS DECEASED EVE (YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		RESS		
L	No				70	Mrs. Roy Knot	tts, Mr. Pai	il R.		
ſ	18 CAUSE OF DEA PART I. DEATH	TH (Enter onl	y ane cause per	line to (0), (b), a	diciii	1 1	. 0		BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
1	PART I. DEATH		E CAUSE (a)	lead	e	lengel 70	celare			eeys
1	2019		DUE TO, O	R AS A CONSEQUE	NCE OF	.0				
1	Conditions, if on		(b)_	Hoch	e, be	ui Hir	ear			
	cause (a), stat	ting the	DUE TO, O	R AS A CONSEQUE	NCE OF				TALE SEA	
1	underlying cau	se last.	(c)							100000
1		GNIFICANT C	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION	GIVEN IN PART	1(a)
4	NO DATE OF OPER		To an and				TeaTORGY2	Lagy 15	WEG WEDE EN	
	Y DATE OF OPER	ATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FIN	SES OF DEATH?
4	T L		21b. TIME C	NE IN LUISIV		Tat. How bulley occups	YES NO		YES 🗌	но 🗆
H		_	LIGHTS A		AY YEAR	71c. HOW INJURY OCCURE	KED (ENTER NATURE OF IN	JURY IN ITEM	18, PART 1 OR PART	2)
	OR CONTRIBUTING [(IF EITHER, NOT IFY MED 21d INJURY OCCU		_	.M.	19	ZII. LOCATION				
1	214 INJURY OCCU	WHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR I	OWN	COUNTY	STATE
1	AT WORK AT V	WORK -			/ 1	1, 32	4	12	26	
1	220 I certify that (al) attended th	ne deceased fram)4	nd that in (my) (our) apinion (death progressed on the	-		_, that (I) (we) lost
Н	obave, (1) (we)	(did) (did nat	I view the bady	after death.	,	DEGREE	dediti decorred on the	adic and		ATE SIGNED
1	THE SIGNATURE	0	0		F 16	ATTENDING _		AFF	121. 07	1.01-0
Н	27d. PHYSICIAN'S	NAME ITYPE OF	A COUNTY	clue	-	1270 ADDRESS	DIKECTOR PHY			112179
						441	N. CENTR	E ST		
+			M IAME		LAME OF S		FRI AND	MD.	21502	
	23a. BURIAL, CREMATION	N, REMOVAL	73b. DATE			emetery or crematory	CITY OR TOWN		COUNTY	STATE
1	Burial		Jan. T	たり エフィフ ロエ	GEIIAT	TTE General	Pocaho	itas,	ra.	

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b. IMPORTANT: If Item 21 is marked ar Item 18 shaws any

24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, Md.

Pocahontas, Pa. 250. GATEREC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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CURSECTAND, NO. 51205	23/4	OR. WILLIAM I
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	. Ar . San Bredent, Trife	respirate to the control of

the attending physicion and completely filled in by the funeral direc remove carbonpopers. Pages 1 and 2 should be filed within 72 hours

MPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather traumotic event, the medical examiner must be notified at and

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove corbon pope with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, ar remaval.

OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital ar attending physician.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00012

		REGISTRAR				CEKITI	ICATE OF DEATH		REG. N	0.			
	1. DEC	EASED NAME	FIRST	1	AIDOLE	L	AST	2a. DATE OF		HTMOM	DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	EARL		E.	BUR	KHART	JANU	ARY	10,	197	79	11:25 M
	3. SEX			4 RACE	ALUE SA	S. DATE C		6. AGE (IN YEA	ARS LAST BIRT	THDAY)	_	ERIYEAR	IF UNOER 24 HRS
		Male		White		Dec		76		YRS	MONTHS		HOURS MIN
	7a BIF	RTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE!	NEVER MARRIED	9 BALTIMOR	E CITY O	OR COUN	TY OF DI	EATH	
15	P	ennsylva		USA		WIDOWE	D DNORCED	Allegany					MD.
50		TY OR TOWN OF I			DRIAL HO		AL	120 USUAL O (TYPE OF WORK F Taxi	FOR MOST O	OF WORKING	LIFE) IN	DUSTRY	Employed
5	13a. S	Md.	13b COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13t. CITY OR TOWN Legany Cumberland			136. INSIDE CITY LIMITS? 136. STREET ADDRESS 125 Springdale St.						
7//	14. FA	THER'S NAME FIRST		C. Burkhart			15. MOTHER'S MAIDEN NA FIRST		MIDOLE R.	Kamme	er	LAS	т
		AS DECEASED EV			166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRI	ESS			
1	(Y	ES, NO OR UNKNOWN) Yes	-	y 20s		Mrs. Mabel Burkhart, Cumberl						Land, Md. Wife	
		PART 1. DEATH WAS CAUSED BY. (MMEDIATE CAUSE (a) CO2 Nancus 13 due to Respiratory Faciline 1 hm DUE TO, OR AS A CONSEQUENCE OF Conditions, it ony, which gave rise to immediate cause (o), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost (c) Musice - Diffuse - Dulmon Edema Day PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											u,
2	CERTIFICATION	19a DATE OF OPE		. 19b. COND	TION FOR WHICH		N WAS PERFORMED	20a AUTOI YES 🗌	MON	20b. IF Y IN CER	TIFYING YES [E FINDIN CAUSES	NGS USED OF DEATH?
9		210. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY ME	CAUSE OF DE	21b. TIME O HOUR A	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	IRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					
	MEDICAL	21d. INJURY OCC	T WHILE WORK	21e. PLACE ((AT HOME, STE					CITY OR TO	wn /	co	VINIY	STATE
		220.1 certify that (1) (this hospital) attended the deceased fram sow the deceased olive on obove, (1) (viii) (did) (did) oit) view the body after death. 220. SIGNATURE 220. DEGREE 220. DATE/SIGNED											causes stated
	1	22d. PHYSICIAN'S	NAME (TYPE C	REPRINT	ujuly 4	ny	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN // 1/79						
1				MMELWE	RIGHT			BERLANI			215	02	akalin
		URIAL, CREMATIC SPECIFY) Burial		23b. DATE Jan.1			emetery or crematory rest Burial P	23d LOCAT	TOWN	land	, Al	Ĭega	ny, Md.
	24 FL	INERAL DIRECTOR		Scarpe	lli, Cumb	erlan		E REC'D. BY RE		//		1 6	URE

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CUMBERLAND REPORTAL HOSPITAL The state of the 1251 and the state of the s

79-00012

JARUARY 10, 1979 11:25

LISS VIRGINIA AVENUE DR. G.O. HIMMELWRIGHT CUMBERLAID, ND. 21502

15M 7/76

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 0:30 LTYPE OR PRINT) ESTI-OF DEATH MATED 24 19 79 Martha Louise Chisholm 3. SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1903 75YRS DEAD White 18 Feb Female Th. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED U.S.A. WIDOWED X DIVORCED Allegany Maryland D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY DOA Sacred Heart Hospital Housekeeper-Cumberland ECORDS ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Allegany Cumberland Rt #4--Messick Rd 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Owen Alvin Layman Ellen Bone 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT ADDRESS Rt#4 Messick Rd (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-20-5213 No Mrs. Delbert Hager Cumberland, Md CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion Sudden IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Coronary Sclerosis gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT (DINDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF O BURIAL YES | ARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT (21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection X 220. I certify that I taak charge of the remains described above, held an Autapsy Inquiry X and in my apinian WITH THE ARYLAND, Natural causes X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUL
TO FUNERAL DI
AFTER DEATH, V
BALLMORE, MA SIGNED Jan. 24.1979 MEDICAL EXAMINER EXAMINER'S NAME Benedict Skitarelic. M.D. Cumberland, Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park Cumberland Allegany, Maryland BP Burial 250 DATE RECID. BY RECISTRAS 24. FUNERAL DIRECTOR 404 Decatur St **DHMH - 17** (VR A15 ME (5)) Silcox-Merritt Funeral Service. Cumberland, Md 15M 7/77

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MEN
CERTIFICATE OF DEAT

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MENTAL HYG		79-0 REG. NO.	001	3
	20. DATE OF DE		DAY YE	AR 2b. HOUR
	100010			7.054
	6. AGE (IN YEARS		IF UNDER 1	7:25A M
1905	73	YRS	MONTHS C	DAYS HOURS MIN
R MARRIED E	9. BALTIMORE	CITY OR COUN	TY OF DEAT	н
DIVORCED [ALLEGA	ANY COUN	ITY	MD
ISTITUTION	12a USUAL OC	CUPATION	12b. KII	ND OF BUSINESS OR
	Mech:	andstof working	LIFE) INDUS	uto
CITY LIMITS?	13e. STREET ADE	PRESS Bin	1553	
1 ay		IDDLE	Daws	o'ii'
MANT		ADDRESS		
. Opel	Weaver	RT =	Ric	ten 1 - 10.00
w ac	carlei	6	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
Tache	careb	t.		
ED TO THE TERM	INAL DISEASE OF	R CONDITION C	SIVEN IN PAR	T 1(01
ORMED	200 AUTOPSY	IN CER	ES, WERE FII	NDINGS USED USES OF DEATH?
INJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 1	B, PART 1 OR PAR	T 2)
NON	CIT	Y OR TOWN	COUNTY	STATE
. 19	, to		, 19	, that (I) (we) last
y) (our) opinion o		the dote and h		the causes stated
	/		22c. D	ATE SIGNED
ATTENDING PHYSICIAN	DIRECTOR	STAFF	12	200
ESS	DWECTOK []	III SICIAN [/	-//
ARN TERR	ACF, FROS	STBURG M	ARYLAN	D 21132
RCREMATORY	23d. LOCATIO			
	H. TE T	roman	7 5 - 10 - 20	T WIPINE

REGISTRAR 1. DECEASED NAME MIDDLE LAST (TYPE OR PRINT) ROBERT MMI CLARK 3. SEX 4 RACE 5. DATE OF BIRTH MONTH. White Male Sept 6 To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY) Va MARRIED NEVE IISA WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER IN (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland SACRED HEART HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
136. GOUNTY
137. CTY OR TOWN 13d. INSIDE YES [] 4. FATHER'S NAME 15. MOTHE FIRST MIDDLE John 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFOR/ (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES No 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCA (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body off and that in (m 226. SIGNATURE DEGREE 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDR DR. HYUN J. LEE 48 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY O 236. DATE (SPECIFY) Cem Burial Trk agroen Mineral

BP. DHMH - 16 50M 7/77

24 FUNERAL DIRECTOR (VR A 15 (4))

FOR - STATE

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MPORTANT.

ADDRESS BURDOCK FUNERAL HOME, KITZMILLER, MARYLAND 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

79-00015 はなれるのは、いしのというのからなって to Describer Tintage to EBdt Jon HAM Line E-CLYSAIN - LANGED, BOOK - ALE RENEX DRU

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00016

FOR

- STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

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OG, COMBERLAND,	1401001				MCHTMA RG

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00017

1	REGISTRAR		CERT	IFICATE OF DEATH	REG. N	3-000		
	ECEASED NAME FIRST	37 1 4	MIDDLE	LAST			YEAR 2b	HOUR
	KAtie	Katie	Higgs Cook	200K		1 - 5-	79 5	5:00 AM
3 S		RACE	1101	OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER	DAYS HOL	INDER 24 HRS
	Female	White	Fe	b. 15, 1888	90	YRS		UKS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	L CITIZEN OF	WHAT COUNTRY?	IED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	ATH	
	West Virginia	USA	WIDOV		Allegar	ny	115	MD.
10.0	CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	128 USUAL OCCUPATI	E WORKING HEEL INDI	KIND OF BU	
1	Cumberland	Cump	GERLAND NUL	sing Home	Housewit	re Ov	wn Hom	ne
130	UAL RESIDENCE (# NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION	134 CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
L	Md. Alle	gany	Mt. Saylege	YES X NO	none			
14. F	FATHER'S NAME FIRST N	IDDLE	LAST	15 MOTHER'S MAIDEN NA			LAST	
	Martin	Thomp	son	Sarah	Weimer		0.000	
	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDR		ter	
15	no			Mrs. Marie	Mongold, Cu	mberland,	Ma.	
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse pe	er line for (a), (b), and (c			BE	APPROXIMATE TWEEN ONSET	INTERVAL I AND DEATH
		CAUSE (0)	Gene	ral delility				
	797							
1	Conditions, if any, which	(ib)	Old	acl.		611 007		
	gave rise to immediate cause (a), stating the)		र्घ				
	underlying couse lost	DUE TO, C	OR AS A CONSEQUENCE OF					
13	PART 2 OTHER SIGNIFICANT C	ONDITIONS C	CONTRIBUTING TO DEATH BE	IT NOT BELATED TO THE TERM	INAL DISEASE OF CON	IDITION GIVEN IN B	ART 1/=	
Z	PART 2 OTHER STORTFICART C	ONDITIONS C	ONINIBOTING TO BEATT	STINOT RELATED TO THE TERM	MINAL DISEASE OR COIN	DITION GIVEN IN F	AKT NO.	
CERTIFICATION	190 DATE OF OPERATION	119b COND	DITION FOR WHICH OPERATI	ON WAS PERFORMED	20g AUTOPSY?	206 IF YES, WERE	FINDINGS	USED
FIC					YES NOT	IN CERTIFYING C		DEATH?
ER -	210. ACCIDENT WAS UNDERLYING	21b. TIME (OF INJURY	21c. HOW INJURY OCCUR				0 []
	OR CONTRIBUTING CAUSE OF DEA		.M. MONTH DAY YEA		The second secon		,,,,	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		OF INJURY	211 LOCATION				
MEC	21d. INJURY OCCURRED WHILE NOT WHILE		TREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUR	4TY	STATE
	AT WORK		-	1	-/-	- 76	-	
	22a.t certify that (I) (this haspit		121 -1	, 19.		. 19		(1) (we) lost
1	sow the deceased alive an above, (1) (we) (did) (did not	view the bod		and that in (my) (aur) apinion	death accurred on the d			
	226. SIGNATURE	10	-/	DEGREE ATTENDING	MEDICAL STA		DATESIGN	NED
	11/1	all	wy		DIRECTOR PHYSIC		1/6/7	7
1	224 PHYSICIAN'S NAME TYPE OR	PRINT)	111	22e. ADDRESS	00 11	n n	11/1	140
	f.B.	HAL	1705	105 P	elleyst. C	unterla	ind, V	14.
23e	BURIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION			STATE
1	(SPECIFY) Burial	Jan.	7, 1979 Sunse	et Memorial Par	rk Cumbe:	rland, "AT	Legany	Md.
24	FUNERAL DIRECTOR	-			E REC'D. BY BEGISTRAR	256. REGISTRAR'S S	IGNATURE	

James F. Scarpelli, Cumberland, Md.

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR: After

should be detached for use as the burial-transit permit, with the State Dept of Health and Mental Hygiene prior IMPORTANT: If Hem 21 is marked ar Item 18 shows any

79-00017 the control of the co

on the state of th

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detacked for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-00018

	REGISTRAR												
	CEASED NAME	FIRST		WIDGLE		LAST	2a DA	TE OF DEATH MO	HINC	DAY	YEAR	2b. HO	
1	CORPRINT	CLAUDE		R.	CRA	BTREE		JANUAR'	Y 1	0,19	979	12:	50 ,
3. SE	X		I. RACE			OF BIRTH	6. AGE	(IN YEARS LAST BIRTHD	AY)		ER 1 YEAR	IF UNDE	
	Male		White		Aug	. 24, 1895 EAR	16	83	YRS.	MONTHS	DAYS	HOURS	MIM
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1 °	Marylan	8	USA		WIDOW	ED NEVER MARRIED		Allegany					м
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140	WAS DECEASED E	Leonard			SECURITY NO.	17 INFORMANT	IIIITE I	ADDRESS			-		
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	no					Mrs. JoAn	n All	en, cumbe	тта		APPROXI		
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James F. Scarpelli, Cumberland, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

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OR ATTENDING PHYSICIAN: The low

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DHMH - 16 50M7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00019

	- STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	79-000	119
	I. DECEASED NAME (TYPE OR PRINT)	VIOLE 7		MIDDLE	CRI	TES	20 DATE OF DEATH M		2b. ноц 12:
	3. SEX Femal	.e	4 RACE White		5. DATE O	DAY _ YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
85	(a. BIRTHPLACE (ST. COUNTRY)		U.	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY OR Allegan	у	
50	CUMBERI	AND	MEM	ORIAL HO	SPI1	PROTHER INSTITUTION	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE) 12b. KIND WORKING LIFE) INDUSTR' H.C	OF BUSINE Me
85	W, Va.	(IF NURSING HOME O	ROTHER INSTITUTION NTY OShire	GIVE RESIDENCE BEFORE	ing	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Rural		
714	14 FATHER'S NAME	ry	MIDDLE	Seeders		IS MOTHER'S MAIDEN NAME Annie	WIDDIE	Butle	ast P
3	160 WAS DECEASED	EVER IN U.S. AI	RMED FORCES?	234-46-6		Charles E. (ADDRES	Box 63, Gre	enspr W. Va.
,	underlying	couse lost	103					17:3971	
	PART 2. OTHI	RSIGNIFICANT			1	NOT RELATED TO THE TERM	INAL DISEASE OR COND	206. IF YES, WERE FIND IN CERTIFYING CAUS	INGS USE
29	PART 2. OTHI PART 2. OTHI PART 2. OTHI PART 3. OTHI PA	PERATION WAS UNDERLYING IG CAUSE OF DE Y MEDICAL EXAMINER CCURRED	216 PLACE	ull Cou	OPERATION AY YEAR 19		200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES (1) YIN ITEM 18, PART 1 OR PART 2)	INGS USE
29	WEDICAL CARE TO THE SOUR TO THE SOUR TH	PERATION WAS UNDERLYING IG CAUSE OF DE Y MEDICAL EXAMINER CCURRED NOT WHILE NOT WHILE ATT WORK HOLE HOSE GEOCOSE OF DIVIDING WEST IGLIGITATION WEST IGLIGI	21b. TIME CATHOUR A DO 10 P P 21e PLACE (AT HOME, ST	OFFINJURY REET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM, ETC.)	N WAS PERFORMED 216 HOW INJURY OCCURR 216 LOCATION STREET 19 18 Add that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NOW CITY OR TOWN CITY OR TOWN death occurred on the dol	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES (1) YES	PINGS USE S OF DEAT NO [
2 9 () And the first state of t	PART 2. OTHI PART 3. OTHI PART 2. OTHI PART 3. OTHI PA	R SIGNIFICANT DPERATION NAS UNDERLYING GC CAUSE OF DE Y MEDICAL EXAMINER CCURRED NOT WHILE AT WORK HOT (III (Hab hose deceosed oliv) or weel (did) (John RE C L C H A R C R I C H A R C	216 PLACE (AT HOME, ST NOTE VIEW the body DR PRINT)	OF INJURY REET, FACTORY, OFFICE, F. The deceosed from the deceose	OPERATION ALL Y YEAR 19 ARM, ETC.)	N WAS PERFORMED 216 HOW INJURY OCCURE 211 LOCATION STREET 19 B and that in (my) (out) opinion of the physician of the phy	200 AUTOPSY? YES NO CITY OR TOWN 10 death occurred on the day	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES (1) (IN ITEM 18, PART 1 OR PART 2) N COUNTY 19 7	sings uses of Deal NO [

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Romney, W. Va.

Shaffer Funeral Home,

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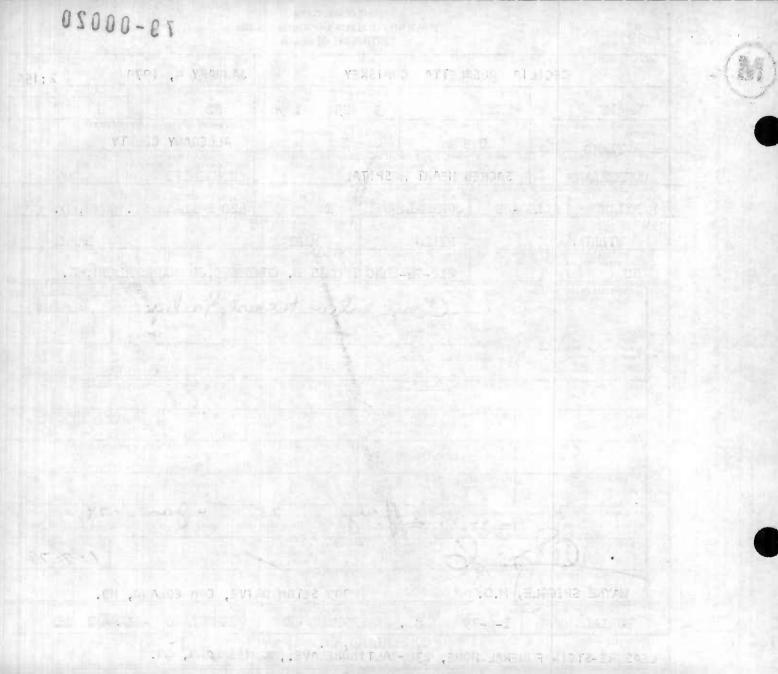
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 						LD		

AL HYGIENE

79-00020

1	- STATE REGISTRAR			DEI 7		ICATE OF DE		REG. N	5 .	, , , ,		
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1	COKPRINT	CECIL	IA ROS	ALETTA	CUMISK	EY	7 - 12 -	JANUARY 4,	1979		2:1	ISA.
3 SE	EX		4 RACE	1/11/11	5 DATE C	OF BIRTH		6. AGE IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER	24 HR5
	FEMALE		WHITE		3 MONTH	25 DAY	1896	82	YRS.	MONTHS DAYS	HOURS	MIN
	BIRTHPLACE (STATE OF	FOREIGN	16 CITIZEN OF	WHAT COUNT	TRY? 8	D NEVER MA	PRIED	BALTIMORE CITY O		OFDEATH		
	MARYLAND		U	SA	WIDOWE	77	RCED	ALLEGANY	COUN	TY		м
10. C	ITY OR TOWN OF D	EATH			IRSING HOME C	OR OTHER INSTIT	UTION	120 USUAL OCCUPATI		126. KIND (
	CUMBERLAN	D		D HEAR	HOSPIT	AL		HOUSEWIFE		FE) INDUSTRY		
USU	JAL RESIDENCE (IF NO	-	OTHER INSTITUTION									
	IARYLAND		EGANY	CUMBET		YES X	Y LIMITS?	13e STREET ADDRESS	D ST.	CIMB.	MD.	
	ATHER'S NAME				.0212(12)	15 MOTHER'S A	MAIDEN NAM	ΛE	D DI			
	WILLIA		WIDDIE	MILL	2	MAI		MIDDLE			RRY	
16a '	WAS DECEASED EVE		MED FORCES?		SECURITY NO.	17 INFORMAN		ADDRE	SS	DAU	. Ld b.L	
- 1	(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	212	71. 81.1.0	THOMAG	D CITM	ISKEY,JR C	מיתמעודי	LAND, MI	0	
-						IIIOPIAD .	D. COM	TOMET OIL C	OPIDIAL		KIMATE INTER	VAL
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Z							O III PENIII	THE BIOLING ON COVI	,,,,,,,,,	27 11 11 11 11		
CERTIFICATION	190. DATE OF OPER	ATION	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES	S, WERE FIND!	NGS USED	
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ER	21g. ACCIDENT WAS U	INDERLYING F	21b. TIME O	E IN HIRY		Tale HOW IN II	IRY OCCUPE	ED (ENTER NATURE OF INJUI			140	
	OR CONTRIBUTING				DAY YEAR		on occom	ED TENTER TANORE OF TOO	1 114 11 214 10, 1	ANT (ON PART E)		
CAL	(IF EITHER, NOTIFY MED				19	100000000					-	
MEDI	21d INJURY OCCU		21e PLACE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	•	CITY OR TOV	/N	COUNTY	ST	ATE
-	AT WORK AT	WHILE O			1							
	220.1 certify that				om 1 11	la	1978	_, to _ 4)-(-	19 79	thot (1) (v	ve) los
	sow the dece	osed olive or	t - 4 -	often doub	0, 10	no that in (my) (a	ur) opinion d	leath occurred on the de	ate and hou	r and from the	couses sta	ted
	226. SIGNATURE	100000	or view the Body	difer deom.	· ·	DEGREE				22c. DATE	SIGNED	
		0/	7: 1	6			TENDING	MEDICAL STAI		1-	7-7	9
1	224 PHYSICIAN'S	NAME ITYES	OR BOALT			22e. ADDRESS	YSICIAN L	DIRECTOR PHYSIC	IAN		, ,	'
			1. (1)									
	WAYNE !			/				IVE, CUM ER	LAND,	MD.		
230	BURIAL, CREMATION	V, REMOVAL				EMETERY OR CR		23d. LOCATION		COUNTY	3 CD STA	TE
	BURIAL		1-6-7	9	SS. PETI	R&PAUL		CUMBERLANT		EGANY	MD	
	FUNERAL DIRECTOR			C1	UMBERLAN	ID.MD.	25a . 0 A 8	MECD BY REGISTIAR	256 REGIST	RAR'S SIGNA	TURE	
1	EASURE -ST	EIN FI	JNERAL H	OME. 2	30-BALT	MORE AV		MBERLAND, 4			7	
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed wit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF MARYL
FOR	DED ADTMENT OF HEALTH AND

AND

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10	V		v	v	•	-		

1 - STATE REGISTE	AR		DEPARIA		CATE OF DEATH	GIENE	REG. NO	79-1	0002	
1. DECEASED N			MIDDLE	L	AST	20. DATE O	FDEATH M	AONTH DA	AY YEAR	26 HOUR
(TIPE OKPKINT)	ANI	NA	D.	(CUTLER	100	JANU	JARY	9,1979	1125
3. SEX	No.	4. RACE	100 - 100	5. DATE O		& AGE (IN)	YEARS LAST BIRTH	_	FUNDER I YEAR	IF UNDER 24 HR
Femal	е	White		July		74		YRS	ONTHS DAYS	HOURS MIN
To BIRTHPLACE	STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMO	ORE CITY OR		OF DEATH	
Penns	ylvania	USA		WIDOWE	NEVER MARRIED		egany			
	WN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL	OCCUPATIO	N	12b. KIND O	F BUSINESS C
CUMBE		1 MEMO	RIAL HO	SPIT	AL		maker		INDUSTRY	
in State enna	113b C	te or other institution, DUNTY d.ford.	13c. CITY OR TOW Hyndma	N	13d INSIDE CITY LIMITS?	13. STREET RD#				
Elic	AME k Devit	MIDDLE	tAST		15 MOTHER'S MAIDEN NA Rebecc			Devi		т
160 WAS DECE	ASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	ss 15	5545	37) W 15
NO NO OR U	(in tee,	one man on onico	169-5	0-433	O Lester J	. Cut	ler,	Hyndr	man, I	a. RD
PART 2	- 4 4 0 1	DUE TO, O	€ , ·L	DEATH BUT	NOT RELATED TO THE TER. T PLEURA N WAS PERFORMED		一千下し	15(0) 20b. IF YES.	WERE FINDIN	NGS USED
I I						YES 🗆	NO	YES	ING CAUSES	NO []
OR CONTI	DENT WAS UNDERLYING HIBUTING CAUSE OF NOTIFY MEDICAL EXAM	P. HOUR A.	M. MONTH DA M.	YEAR	21c. HOW INJURY OCCUI					
WHILE AT WORK	NOT WHILE AT WORK	210. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	N	COUNTY	STATE
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24 FUNERALD NAME Harv		eigler,	Hyndmai	n, PA		AN 16	REGISTOR 2	15b. REGISTR	AR'S SIGNAT	URE

DHMH - 16 50M 7/77 (VR A 15 (4))

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DR. A. S. MATHAM COMBERLAND, FOR						

FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9 REGISTRAR DECEASED NAME (TYPE OR PRINT) Peter Cochran deVeau DEATH MATED 1-19-79 3 SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 7d HOUR PRONOUNCED Male 03-27-45 DEAD White 33 YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED USA D.C. Allegany WIDOWED DIVORCED 5 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Cumberland Memorial Hospital ---- DOA Salesman-Tires Self-Employed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE (ITY LIMITS? | 13d. STREET ADDRESS | 5500 Friendship Blvd. HIS COUNTY 13a. STATE 13c CITY OR TOWN Maryland Chevy Chase 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE H. deVeau Elizabeth Cochran 17. INFORMANTBrother 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS Washington, D.C. 217-42-1771 No Anthony H. deVeau. 5112--45th St. N.W. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) SUCCEN SET AND DEATH PART I DEATH WAS CAUSED BY Crushed Skull IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (driver in two car collision) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR M.M. MONTH DAY YEAR UNDERLYING TOOR MEDICAL CONTRIBUTING CAUSE OF DEATH :30 P.M. 1-19-7910 Driver in two car collision 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 21f LOCATION WHILE AT WORK 6 Miles east of Cumberland, Alleg. Maryland 22a. I certify that I taak charge of the remains described above, held an Autapsy XX Inspection XX death resulted from: Hamicide L TITLE (SPECIFY) Deputy 1-19-79 MEDICAL EXAMINER Benedict Skitarelic, M.D. EXAMINER'S NAME R#9, Cumberland, Maryland 21502 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory Cremation 1/22/1979 Suitland, Maryland, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR JOSEPH CAWLER'S SONS INC. **DHMH-17** (VR A15 ME (5)) 5130 WISC. AVE., N. W. WASH., D. G. 20016 15M 7/77

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equires that the death certificate be executed within 24 hours after

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical proprier must be notified at ance TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the busial-transit permit. Then please remove corbonpopers. Pages I and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00025

1.	REGISTRAR			CEI	RTIFICATE C	OF DEATH	REG. N	1 3	-000	123
	ECEASED NAME	FIRST	MIDDLE		LAST	1		MONTH	DAY YEAR	26. HOUR
	TE OR PRINTY	IVA	NMI		NAGEY		01-07-79			9:15 P M
3 S	F		NHITE		ATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
7a.	BIRTHPLACE (STATE OR EORE COUNTRY)	FIGN 76	USA	MA	RRIED NEV	ER MARRIED DIVORCED	9. BALTIMORE CITY OF ALLEGAN			MD.
2/	CITY OR TOWN OF DEATH	1	SACRED I	PITAL, NURSING HO BLITY, GIVE STREET ADDRES HEART HOSE	PITAL	INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMEMAK	F WORKING L		OF BUSINESS OR
		SOMER		RESIDENCE BEFORE ADMIS CITY OR TOWN EYERSDALE	13d INSI	DE CITY LIMITS?	13e STREET ADDRESS			
6 14	FATHER'S NAME FIRST HENRY	MIDE		SCHROCK	15 MOTH	HER'S MAIDEN NA	WE		FR	ICKEY
160	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (U.S. ARMEI IE YES, GIVE WA	R OR DATES)	SOCIAL SECURITY N	Du	RMANT ON GNAGE	Y RD-1	MEYL	ERSDALL	E PA
7	Conditions, if any, gave rise to imme couse (a), stoting underlying couse	which diote the last.	DUE TO, OR AS (b) DUE TO, OR AS	A CONSEQUENCE OF DEPARTMENT OF THE PROPERTY OF	orto por lesone		INAL DISEASE OR CON	IDITION GI		IMATE INTERVAL ONSET AND DEATH
CERTIFICATION	190 DATE OF OPERATION	ON SA	196. CONDITION	NEOR WHICH OPER	ATION WAS PE		200 AUTOPSY?	IN CERT	ES, WERE FINDII	
MEDICAL CERT	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL) 21d. INJURY OCCURRE	USE OF DEATH EXAMINER)	21b. TIME OF IN. HOUR A.M. P.M. 21e PLACE OF IN	MONTH DAY Y	21c HOV		RED (ENTER NATURE OF INJU			
ME	WHILE NOT WHILE AT WORK 220 I certify that (I) (ti	his hospital)	(AT HOME, STREET, F	ACTORY, OFFICE, FARM, ET	(1) STI	. 19.78			. 19 7 9	that (I) (We) lost
	sow the deceosed abave, (1) (we) (did 22b. SIGNATURE	did not iv	ew the body after	death. 19/7	DEGREE	ATTENDING _	MEDICAL STA	FF		SIGNED
	DR. C.J. V				22e. ADD	PRESS	DRIVE, CUME		ND, MD 2	21502
L	BURIAL, CREMATION, RE (SPECIFY) BURIAL FUNERAL DIRECTOR	MOVAL	3b. DATE 1/10/7	9 UNIO		OR CREMATORY	23d. LOCATION CITY OR TOWN HEYERSD/ FREC'D. BY REGISTRAR	ALE S	COUNTY SOMERSE!	co. PA

DHMH - 16 50M 7/77 (VR A 15 (4))

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PRICE FUNERAL HOME, 325 MAIN STREET,

b. DATE REC'D. BY REGISTRAR 23b. REGISTRAR'S SIGNATU

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1 -	STATE REGISTRAR			76 , A1,	CERTIF	ICATE OF	DEATH		REG. NO		- 0 0 0	20	
	I. DEC	EASED NAME OR PRINT)	FIRST		MIOOFE	L	AST		20 DATE OF	DEATH M) HTMON	DAY YEAR	2b HOUR	
1	,,,,,,	ERVIN		N	IMI	GOR	NOC		JANUA	RY 14	, 197	9	8:25A M	
Ī	3. SEX	(4 RACE		5 DATE C		YEAR	6 AGE (IN YE	ARS LAST BIRTH		IF UNDER 1 YEAR		
1		Male		Wh	ite	Fet	8	1905	73		YRS.	MONTHS DAYS	HOURS MIN	
J	la BIR	RTHPLACE (STATE OR FOI	REIGN	76 CITIZEN OF	WHAT COUNTRY	Y? [8	_	MARRIED [9 BALTIMO	RE CITY OR	COUNTY	TY OF DEATH		
5		DUNTRY) W. Va.		USA		WIDOWE		NORCED	AL	LEGAN	Y COU	INTY	MD.	
		TY OR TOWN OF DEAT			HOSPITAL, NURS			TITUTION	120 USUAL C				OF BUSINESS OR	
4		Cumberland		SACRED	HEART	HOSP 1T/	AL.			ster	WORKING (IF)	INDUSTRI		
1	USUA 13a. S	L RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEF		1134 INSIDE	CITY LIMITS?	13e STREET	ADDRESS				
		W.Va.	Mine	_	Piedmo		YES XXX			view	St.			
1	14. FA	THER'S NAME		NDOLE	1467		15. MOTHER	S MAIDEN NA	ME	WIDDLE				
1	1	George	~	NDOLE	Gordon		81,2	whoth		WIDDLE		mi	llec	
1		AS DECEASED EVER I		MED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORM	ANT		ADDRES	SS			
	(11	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	236 03	2568	Kenne	th Gord	don Mo	rgant	own, W	Va.		
Ì		18 CAUSE OF DEATH	(Enter onl	y one cause per	line for (0), (b), (and (c).)					144	APPRO: BETWEEN	XIMATE INTERVAL	
1		PART I. DEATH WA	AS CAUSED	BY E CAUSE (o)	Carl	1905	272	25%.						
1		2500			R AS A CONSEO	HENCE OF				-				
1		Conditions, if any,	which	(ib)	Acake		card	ial	wela	ret				
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I		underlying cause	lost.	(6)	D	· Les	4							
1		PART 2 OTHER SIGN	FICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASI	E OR COND	ITION GIV	EN IN PART 1	(a)	
	CERTIFICATION													
1	CAT	19a DATE OF OPERAT	ION	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTC	PSY?		, WERE FIND		
	E								YES 🌌	NO		s 🔲	NO A	
7	ä	210. ACCIDENT WAS UNDE		216. TIME O	FINJURY M. MONTH	DAY YEAR	21c HOW II	VJURY OCCUR	RED (ENTER NAT	TURE OF INJURY	IN ITEM 18, P	ART 1 OR PART 2)		
1	SAL	OR CONTRIBUTING CA		P.		19								
1	MEDICAL	21d. INJURY OCCURRI	ED	21e PLACE	OF INJURY		21f LOCATI	ON		CITY OR TOWN	N	COUNTY	STATE	
1	2	AT WORK AT WOR	K	(AT HOME, STR	EET, FACTORT, OFFIC	E, FARM, ETC.)				CIII OK TOTIL		200.111	STATE	
1		22a. certify that (1) (this hospit	ol) ottended th	e deceased from	1 -	14	. 19 79	, ta	1-14	<u></u>	19 79	that (I) (we) lost	
1		sow the deceased			ofter death	79 . 01	nd that in (my) (our) opinion	death occurre	d on the dot	te and hou	r and fram the	couses stated	
1		226 GNATURE	1	Jatres	W/s !	ul 47	DEGREE					22c. DAT	ESIGNED	
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7	7	221 PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRE	SS				No.		
		DR. J. MEH	ANNA				SETOI	V DR., C	JM BERLA	IND, M	D.	21502		
1	23e BI	URIAL, CREMATION, R		23b. DATE		. NAME OF C			23d. LOCA			COUNTY	STATE	
1	(3)	Burial	. 1	1/17/	79 B	loomin	gton C	emetery	Bloom	mingto	on Gai	rrett	Md.	
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Walter How Walter How White 3/20/13 STATE OR 76 CITIZEN OF WANTE AND STATE OR 11. NAME OF HOW GENOTIES USED TO SERVE AND STATE OR 13b. COUNTY Allegany E MADDIE HENRY ED EVER IN U.S. ARMED FORCES? OWN) (IF YES, GIVE WAR OR DATES) WW 11 DF DEATH (Enter only one couse per line EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MODLE Senry Gough YEAR 6. AGE (INYEARS LAST BIRTHDAY) 67 YRS. WHAT COUNTRY? 8. WHAT COUNTRY? 8. WHAT COUNTRY? 18. WHAT COUNTRY INTERPRETATION INTERPRET	MARRIED NEVER MARRIED NEVER MARRIED DIVORCE DIVO	26. DATE KNOWN X OF ESTI- DEATH MATED 24 HRS. 20. DATE PRONOUNCED DEAD 9. BALTIMORE CITY OF ED XX Alleg 126. USUAL OCCUPATION (TYPE TRUCK DRIVER 136. STREET ADDRESS Rt	1-13-7919 1-13-7919 1-13-7919 RECOUNTY OF DEATH SANY FOR WORK 12B. KIND OF BUSIN BELLET CROSWELL MD. APPROXIMATE INT SETWEEN ONSET AN	MD NESS
ANACE White 3/20/1 7b CITIZEN OF W TO THE IN NURSING HOME OR OTHER INSTITUTION, OF THE IN NURSING HOME OR OTHER	H YEAR 6. AGE (INYEARS LAST BIRTHDAY) 1 67 YRS. WHAT COUNTRY? 8. W WHAT COUNTRY? 8. W WHAT COUNTRY? 10. W WHAT COUNTRY? 10. W FACILITY, GIVE STREET ADDRESS) IS CITY OR TOWN FROSTBURG LAST GOUGH 16b. SOCIAL SECURITY NO 212-10-5187 THE FOR (a), (b), and (c).) Atelectas R AS A CONSEQUENCE OF	MARRIED NEVER MARRIED NEVER MARRIED DIVORCE DIVO	24 HRS. PRONOUNCED DEAD PRONOUNCED DEAD 9. BALTIMORE CITY OF Alleg 128. USUAL OCCUPATION (INVERTED OF DRIVER 138. STREET ADDRESS Rt N NAME ADDRESS LS, RT. 3, BO	THE CROSWELL MD. APPROXIMATE INTEGER APPROXI	a HOUF
IND I OF DEATH and I (IF IN NURSING HOME OR OTHER INSTITUTION, COLOR OTHER INSTITUTION, COL	USA WASPITAL, NURSING HOME, OI PACILITY, GIVE STREET ADDRESS) Heart Hospit GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Frostburg LAST GOUGH 16b. SOCIAL SECURITY NO 212-10-5187 RE for (a), (b), and (c).) Atelectas R AS A CONSEQUENCE OF	IS MOTHER'S MAIDE ANNIB 17 HELEN WEL	PEAD P. BALTIMORE CITY OF A 11eg PED XX A1leg PED XX A1	CROSWELL APPROXIMATE INITIAL SET WEEN ONSET AN	MC
IDF DEATH and II. NAME OF HO (IF NOT IN SUCH F Sacred (IF IN NURSING HOME OR OTHER INSTITUTION, C ITALIAN Allegany E MIDDLE HENRY ED EVER IN U.S. ARMED FORCES? OWN) (IF YES, GIVE WAR OR DATES) WW 11 DF DEATH (Enter only one couse per line EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OF	OSPITAL, NURSING HOME, OI FACILITY, GIVE STREET ADDRESS) HEART HOSPITA GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN FROSTBURG COUGH 16b. SOCIAL SECURITY NO 212-10-5187 Atelectas RAS A CONSEQUENCE OF	IS MOTHER'S MAIDE ANNIB 17 INFORMANT HELEN WEL	13e. STREET ADDRESS N NAME ADDRESS LS, RT. 3, BO	#3 CROSWELL MD. APPROXIMATE INITIAL SET WEEN ONSET AN	MD
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	G OR	HOUR A.M. MONTH DAY YEAR ING CAUSE OF DEATH OCCURRED NOT WHILE AT WORK ING THE PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	G OR	HOUR A.M. MONTH DAY YEAR ING CAUSE OF DEATH P.M. 19 OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) If that I took charge of the remains described above, held an Autopsy A. Inspection A. Inquiry	AL CAUSE WAS G OR ING CAUSE OF DEATH P.M. 19 216. PLACE OF INJURY (AT HOME. STREET) 217. LOCATION STREET CITY OR TOWN COUNTY ADDRESS R # 9, Cumberland, Maryland 21502 ADDRESS R # 9, Cumberland, Maryland 21502 ATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY ALL BGANY, MD 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY And in my apinion DATE 1-13-79 SIGNED ADDRESS R # 9, Cumberland, Maryland 21502 ATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY ALL BGANY, MD

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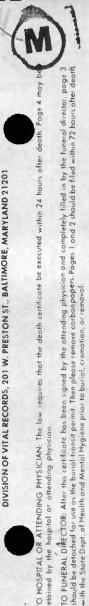
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S.S. S. T.,	1. DE	CEASED NAME CORPRINT)	XX Pa		Wyatt			AST	TE OF DE	2a. DATE 1	RÉG. NO. KNOWN XX ESTI- MATED	25	Y YEAR 26. HOUR -79 8:05a
MI, MEASE DRECTOR. SUR FILES. 172 HOURS ON STREET,		alé	RACE White	5. DATE OF BIRT	YEAR				JNDER 24 HR	S. 2c. DATE PRONOUN DEAD		MONTH DA	
TO SEEST	FO	RTHPLACE (STATE REIGN COUNTRY)	ND	76. CITIZEN OF	Α		WIDOW		NORCED [A1	legany		MD.
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WITH FORM PAGES 1 AND DIVISION OF	(YE	NO, OR UNKNOWN	(IF YES, GIVE	· A .	220	-03-7	5 6 1	MRS. F		V. HAG			ROSTBURG,
MENTAL HYGIENE, OR REMOVAL.	>	Conditions, gave rise cause (a) st lying cause	if pny, which ta immediate pring the under- last.	(b)	DR AS A CON	Cerves Ruptd	er ir	Fracti tiver;	Ruptu ar col	ured Sp	leen	BE	Sudden
SED AS A HEALTH A CREMATIC	PICATION	PART 2 OTHER SIGNI		CONTRIBUTING TO DEAT			- This	OR CONDITION GIVE				20.	AUTOPSY?
SHOULD BE SPARTMENT OF TO BURIA	MEDICAL CERTIFICATION	21a EXTERNAL OUNDERLYING CONTRIBUTING	OR CAUSE OF I	DEATH 216. PLACE	M. 1-30		3	w INJURY OCC				RT 1 OR PART 2)	YEX NO [
STATE 21201	ME	WHILE AT WORK				South			Pection XX	6, Rigra	1 Fros	burg, A	11eg.Md.
ORE, MARYLAND		death resulted ACTUAL SIGNATURE	Buse	ral causes : (Paccident Keta	DA	icide ,	Hamicide	Und	determined mai	nner,		-30-79
AFTER DEATH, WITH BALTIMORE, MARYLA	23a BL	EXAMINER'S NA (TYPE OR PRINT) RIAL, CREMATIC ECIFY)	Bene	dict Ski	23c. N	NAME OF CEA	METERY OR	CREMATORY	23d.	LOCATION	Maryl	and 21	502 STATE
17 : (5))	24. FU	BURIATION NAME OWERS,	menil	2/1/79 D. Sawiga stburg,	5 60 W	STLAW V. MA]		Loc	RDENS	LAVAI BY REGISTRAF 3 5 19		LEGAN	Y MARYLAN

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

injury, or other troumotic event, the medicol exor

MPORTANT: If Hem 21 is marked or Hem 18 shows any



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00029

	' '	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO)				
1		CEASED NAME	FIRST	1	MIDDLE	t.	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR		
1	(TYPE	OR PRINT)	EDWI	N	C.	HA	RTSOCK	JANU	ARY	4,1979	3:00A _M		
1	3. SE X	·		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT)	IDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
ł		Male	100	Whit	e	Feb	. 3. 1923 YEAR	55	YRS	MONTHS DAYS	HOURS MIN		
4	CC	RTHPLACE STATE OR FOUNTRY ATT LAND	OREIGN	LISA		MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF Allegany	COUNT	TY OF DEATH			
4		TY OR TOWN OF DEA	ATH			WIDOWE	D DIVORCED DIVORCED	12a USUAL OCCUPATIO	ON	12h KIND O	MD. OF BUSINESS OR		
0	CL	JMBERLANG		(IF NOT IN SUC	MOR I	L HOSP		(TYPE OF WORK FOR MOST OF WORKING LIFE) Retired					
1	USU A	AL RESIDENCE (IF NUR!	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS					
9		Md.	Alle	gany	Cumbe	erland	YES X NO	4	Race	St.	St.		
1	I4 FA	THER'S NAME	harle	Harts	ock LAS	ज्ञ	15 MOTHER'S MAIDEN NAM	aret (S teckma	an)	Steckma	n		
4	16a. W	AS DECEASED EVER				SECURITY NO.	17 INFORMANT	ADDRE					
4	(Y)	ES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)		26-9772		Hartsock, (lumbe	rland.	Md.		
1		18 CAUSE OF DEAT		MATE INTERVAL ONSET AND DEATH									
		PART I. DEATH W		E CAUSE (a)	Ano	scie Er	ncephalopai	They					
1		410-		DUE TO, O	R AS A CON	SEQUENÇE OF		V.					
		Conditions, if any		(b)_		ardiac	arrest						
		gove rise to im- couse (a), statis underlying couse	g the	DUE TO, O	R AS A CON	SEQUENCE OF	Acute M	17					
	Z	PART 2 OTHER SIGI	IVEN IN PART 10	0									
	CERTIFICATION	190 DATE OF OPERATION 196 COND			ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDIN			
П	TIFE							YES NO		YES [NO [
7		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	1100110 4	M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	3, PART 1 OR PART 2]			
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		21f LOCATION		7	The state of			
	M	WHILE NOT W	HILE D	(AT HOME, ST	REET, FACTORY, C	OFFICE, FARM, ETC.]	STREET	CITY OR TOW	-	COUNTY	STATE		
4		22a.1 certify that (1)					nd that in (my) (our) apinion of	death accurred on the do	de and he		that (I) (we) lost		
	- 1	sow the deceos obove, (I) (we) (22b. SIGNATURE.	did) (did not	view the body	after death.		DEGREE			22c DATE			
	Æ	Alm	lither			MD ABS	ATTENDING	MEDICAL STAF	F IAN 🗌	in Dail	3101420		
		22d. PHYSICIAN'S N	AME (TYPE OR	PRINTI Pani	than	MD		MORIAL MED MBERLAND,		L BUILD	ING		
	23c P	URIAL, CREMATION,	PEMOVAL	123b, DATE	, , ,		EMETERY OR CREMATORY	13d LOCATION	110.				
	(5	Buria		Jan.6	,1979		ve Cemetery	Öldtown	, All	Legany,	Md.		
	24. FU	INERAL DIRECTOR	- 10	1	ADDRE	ESS	25a. DAT	E REC'D. BY REGISTRAR	25b. REGIS	STRAR'S SIGNAT	UREady		
		Jame	Sr.	carpel	11, Cu	mberland	, Md.						

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retained by the hospital or attending physician.

DHMH - 16 50M 7/77 (VR A 15 (4))

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y 0	dea				EDIT		<u>r. </u>		ENHOUSER	JANUARY 6 AGE LINYEARS LAST BIR		979	10;05Pm
- F	THE PARTY OF THE P	100	3. SEX		633	4 RACE		5. DATE C	DAY YEAR	AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN
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9.4	3 5	20		THPLACE (STATE OR FO			WHAT COUNTRY	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
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ē	with the	1		Y OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
o s of	led iled	54	CL	IMBERLAND		MEMO	ORIAL HE	OSPIT	AL	Housewif			estic
212 hour	be f		USUA 13a S	L RESIDENCE (# NURS	ING HOME OR	OTHER INSTITUTION	N, GIVE RESIDENCE BEFO	RE ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	Orle		
ND 24	filled	24	100	Maryland		egheny			YES NO B	Hance	ock, Me	d. 217	50
YLA thin	2 sho		14 FA	THER'S NAME			120317		15. MOTHER'S MAIDEN NA				
AR 3	nd nd	111		Robert		M .	Twigg		Sarah	MIDDLE .		LAST	
F. S	5 - com	726	16a V	AS DECEASED EVER			165 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS	Hansr	эте
TIMOR De exe	ician and celers. Pages II.		ĮΥ	No OR UNKNOWN	JIF YES, GIVE	WAR OR DATES)	705-05		Floyd Twigo	Orleans	Cross	Roads	S WV
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours	ten signed by the attending physical properties are carbon page of the please remove carbon page of the properties are the prop		NOI	Conditions, if any, gove rise to improve (o), stolin underlying couse	which mediate lost.	DBY: E CAUSE (o) DUE TO, C (b) DUE TO, C	OR AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF	ESPLRATOR LONG. NOT RELATED TO THE TERM LY DISE			N IN PART 110	
RECC	n. nas bee permit	2	CERTIFICATION	19e DATE OF OPERA	TION	196 COND	DIFION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
DIVISION OF VITAL	ipital or attending physicia: JOR: After this certificate for use as the burial-transit part Health and Mental Hygies		MEDICAL CERTI	22a.1 certify that (1) sow the decease above, HT (we) is	CAUSE OF DEA ALEXAMINER) RED HILE ORK (this hospited glive on	P P 21e PLACE (AT HOME, S1	A.M. MONTH [D.M. OF INJURY TREET, FACTORY, OFFICE, the deceosed from	1-	216 HOW INJURY OCCUR 216 LOCATION STREET . 19 d that in (part (our) apinion	CITY OR TO	WN 14-, 1	COUNTY 9 19	
AL OR	AL DIRECTED STEEDS THE DEPT.			22b. SIGNATURE	HS	walk	ev-		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE :	18/70
TIP	VER VER be of			22d. PHYSICIAN'S N	AME ITYPE OF	R PRINT)			22e. ADDRESS	1	THE THE		
0 40	TO FUNERAL I should be deto with the Store L			DR. AMBA	ALAVA	NY NA	THAN		MEMORIAL M	MEDICAL BL	DG, CU	MBERLA	AND MD
1	5 × × 3			URIAL, CREMATION,	REMOVAL	23b. DATE	23с.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	(OUNTY	STATE

Mt. Zion Cemetery I 250 DATE REC

Orleans Morgan

On By REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4)) Buriol

Johnson Funeral Home, Berkeley Spgs. W. Va.

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STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN X OF ESTI-DEATH MATED Carl Eugene Hillegas DATE OF BIRTH 4 RACE 6. AGE (IN YEARS IF UNDER 24 HRS 3. SEX DATE PRONOUNCED White Male 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany Penna. WIDOWED V DIVORCED 12b. KIND OF BUSINESS D. CITY OR TOWN OF DEATH Dairy Bus. Sacred Heart Hosp. Auto Mechanic. Cumberland Rt. # 8 Box 241, Valley Rd. 13d INSIDE CITY LIMITS? Allegany Cumberland. 15 MOTHER'S MAIDEN NAME Clara Mae Dietz Hillegas Ralph 17. INFORMANT ADDRESS W. Va. 26753 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 217-10-7461 Mrs. Clara J. Summers, Box 249 Ridgeley Yes. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CORONARY THROMBOSIS. LEFT SUDDEN IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which CORONARY SCLEROSTS gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO [] 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 11. LOCATION 21e PLACE OF INJURY (AT HOME, NOT WHILE CITY OR TOWN COUNTY AT WORK Autopsy XX Inspection XX. 220. I certify that I taok charge af the remains described above, held an and in my opinion Hamicide Undetermined manner Deputy. 1/21/79 EXAMINER'S NAME Benedict Skitarelic, M. D. ADDRESS Rt. 9 Cumberland, Md. 21502 PACTO Restlawn Memorial Gar. Cumberland, Allegany Maryland Burial 1/24/79 BP Tintry McCrede H. Wayne George 202 Greene St. Cumberland, Md. JAN 2 5 1979 VR A15 ME (5)) 15M7/76

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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SARY PLEASE AL DIRECTOR YOUR FILES IN 72 HOURS	3. SEX	male 4	RACE White	5. DATE OF BIRTH MONTH DAY 9-1-1	YE AR	AGE (IN YEAR LAST BIRTHDAY) MONTH		HOURS 2		DATE RONOUNCE DEAD	D 1-1	9-78	DAY YEA	AR 2d. HOUF
NECESSARY FUNERAL DIE 5 FOR YOU 7, WITHIN 72 W. PRESTON	FO	RTHPLACE (STAT	E OR	76. CITIZEN OF WI		RY?		D NEV	ER MARRIE DIVORCE	D A		Legany		OF DEATH	MD
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FANY DELY AND 3 TO 3. RETAIN P. SHOULD BE I RECORDS,	13a. S		13b. COUNT Alle	R OTHER INSTITUTION, GI TY gany	OLd 13c. CITY C	RTOWN	7)	3d. INSIDE CIT	Y LIMITS?	13e. STREE	T ADDRESS	Rt.	#1		
GES 1, RM PM 2 AND 2 OF VITAI] 16a. V	THER'S NAME FIRST FOWARD I VAS DECEASED I ES, NO. OR UNKNOWN	EVER IN U.S. ARA			AL SECURITY		15. MOTHER FIR Mar 17 INFORM	v Jan		dum	ADDRESS		LAST	
WITH WITH TE PAGE		No 18. CAUSE OF I PART I DEAT	TH WAS CAUSED	ly ane couse per line DBY: TE CAUSE (a)		07 014 and (c).) Acute					Rt. Failu	1, Po	x 58,	Oldt APPROXIM BETWEEN ON	AATE INTERVAL
W. PRESTO D. WITHIN SENCIL IN IT AMINER AL TRANSIT P ENTAL HYG REMOVAL.		gave rise cause (a) st lying cause		(b) DUE TO, OR	AS A CONS	ASCV EQUENCE OF	Di	.sease						end	
DING DING DING DING DING DING DING DING	NOI			CONTRIBUTING TO DEATH						[] {a}.					
JOS HISTON	CERTIFICATION	19a. DATE OF O	PERATION	196. CONDI	TION FOR W	HICH OPERA	TION WA	S PERFORA	AED?					20. AUTOPS	
FICA THE SOULL SOULD SOULL SOU		Communication of the Communica	OR CAUSE OF D		MONTH [AY YEAR	21c. HO	W INJURY (OCCURRED	(ENTER NAT	TURE OF INJURY	IN ITEM 18 PAI	RT 1 OR PART 2	1)	
R: THIS CERTIII F, WRITING RWARDED T PAGE 3 SH STATE DEPAIL	MEDICAL	21d. INJURY OC WHILE AT WORK			OF INJURY TORY, FARM, ETC		21f. LOC	ATION REET		(CITY OR TOWN		COUNT	Υ	STATE
XAMINER: ERTIFICATE, ID BE FOR: URECTOR: IN WITH THE S NRYLAND, 21		27a. I certify death resulted ACTUAL SIGNATURE		e af the remains des	Accident [held on Suic	Autops ide .	Hamici		Undetern	Inquiry Inquiry Inquired mann	er .	in my apini DATE SIGNED	1-19-	.79
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL DATER DEATH, BALTIMORE, MA		EXAMINER'S NA (TYPE OR PRINT	·	dict Skit								Maryl	and 2	21502	
BP		Burial		3h. DATE 1/23/79	23c NA Davi	ME OF CEM		eterv		Alle	env C	o., M			STATE
DHMH - 17 (VR A15 ME (5)) 15M 7/77		neral directo		le, Mary	land			2	JAN	26 19	79	25h MGIST	y AC	Crody	

1. DE	STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1136
	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 R. NO. 0	
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE LAST 20. DATE KNOWN XX MONTH OF ESTI-	DAY YEAR 26. HOU
		Zachedian Krapi DEATH MATED 1-	$6 - 79_{19}$ 3p 4
SE	M	DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2d. HOUF
nale		07-11-07 71 yrs. DEAD 1-	6-79 ₁₉ 3p _M
	OREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY	
D C	Maryland ITY OR TOWN OF DEATH	USA WIDOWED DIVORCED Allegany	MD
		NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Memorial HospitalDOA 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Maintenance.	OR INDUSTRY
		MED INICIALITY OF DECIDENCE RECORD ADMISSION	Bd. of Ed.
13a. S	STATE 1136. COUNTY	134. CITY OR TOWN 134. INSIDE CITY LIMITS? 138. STREET ADDRESS.	Bowling
	Maryland Allegan	Cumberland YES NO [X] 11713 Long Aven	iue, green
	Daniel -	DDLE FIRST AIDEN NAME MIDDLE	Chillith
160. 1	WAS DECEASED EVER IN U.S. ARMED		Griffith
(Y	(ES, NO. OR UNKNOWN) (IFYES, GIVE .)	FORCES? 166. SOCIAL SECURITY NO. 214-07-6463 Mrs. Mary Louise Krapf, 11713	long breen,
		ne couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED BY	Company Occlusion	Sudden
	410 - IMMEDIATE CA	AUSE (a)	
	Conditions, if ony, which gove rise to immediate	Coronary Sclerosis	
	couse (a) stoting the <u>under-</u>	DUE TO, OR AS A CONSEQUENCE OF	
	lying couse lost.	(c)	
-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
10 Y			
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
RTIF	210. EXTERNAL CAUSE WAS	AN THE OF ALLIAN	YES NO X
LOE	UNDERLYING OR	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	'ART 2)
MEDICAL	CONTRIBUTING CAUSE OF DEAT	[H P.M. 19] 21e PLACE OF INJURY (AT HOME, 211. LOCATION	
ME	WHILE NOT WHILE AT WORK		OUNTY STATE
	AT WORK AT WORK		
		the remains described above, held on Autopsy . Inspection XX Inquiry XX, and in my a	pinion
	death resulted from: Natural co	ouseXXX; Accident , Suicide , Homicide , Undetermined monner ,	
	ACTUAL . B	+ XI + I TITLE (SPECIFY)	
	SIGNATUR Benedict	Skitarelic, M.D. M.D. MEDICAL EXAMINER SIGN	ED_1-6-79
	Delieutel		21502
2	EXAMINER'S NAMEX (TYPE OR PRINT)		21302
23a.B	EXAMINER'S NAMEX CANA SECTION (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 236. D		

STATE OF MARYLAND

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FOR

REGISTRAR

- STATE

STATE OF MARYLAND 79-00037 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

YEAR

NO

2n. DATE OF DEATH MONTH 2b. HOUR JANUARY 20.1979 5:15PM & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS MIN 1927 **BALTIMORE CITY OR COUNTY OF DEATH** DIVORCED [] Allegany Co 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Rubber Co 13e, STREET ADDRESS 563 B Street 15 MOTHER'S MAIDEN NAME MIDDLE LAST Dorothy Long ADDRESS Mrs. June G. Krimm, as above APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 206. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO T STATE

ADDRESS

Vale.

La

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21f. LOCATION

CITY OR TOWN COUNTY

22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN CHARECTOR PHYSICIAN

MEMORIAL MEDICAL BLDG. CUMBERLAND. MD

231, NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN

Vale. Maryland Gardons La Vale, "ary tand

130. Date REC'D. BY REGISTRAR'S SIGNATURE

140. Date REC'D. BY REC'D. BY REGISTRAR'S SIGNATURE

140. Date REC'D. BY REC'D. BY REGISTRAR'S SIGNATURE

140. Date REC'D. BY REC'D. Rest Laum Mom

STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

John J. Hafer. Jr.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Covd **Kuykendall** Jan.8 DEATH MATED 19 & AGE (IN YEARS SEX 4 RACE IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED 7a. M 1979 Mar.9, 1920 DEAD Jan. Male White 9. BALTIMORE CITY OR COUNTY OF DEATH TO RIPTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY MARRIED TO NEVER MARRIED FOREIGN COUNTRY) West Virginia WIDOWED T DIVORCED Allegany 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS D. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Sheet Metal Worker Railroad DOA Memorial Hospital Cumberland ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 30 STATE 13b COUNTY Allegany Cumberland YES DE NO [112 Oak St. ND 2 SI 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST WITH FORM PM T. PAGES 1 AND 2 DIVISION OF VITA Dolph Kuykendall Jemima Dove 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) War II 232-26-2206 Mrs. Alberta Kuykendall, Cumberland, Wife APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Coronary Thrombosis sudden IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Coronary Sclerosis AND MENTAL gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a DIVISION OF VITAL RECORDS, Cardiac Hypertrophy USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 3 SHOULD DEPARTMENT OF B YESX NO . 21g EXTERNAL CAUSE WAS 216 TIME OF INILIRY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE DIRECTOR: P. WITH THE SI Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 9 BALTMORE, MARYLAND, 2 death resulted from: Notural causes Homicide Undetermined manner Accident TITLE (SPECIFY) DATE SIGNED Jan. 8. 1970 Deputy MEDICAL EXAMINER EXAMINER'S NAME Dr. Benedict Skitarelic MD Cumberland, Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE STATE Park Cumberland, Allegany, 250. DATE REGISTRAR'S SIGNATURE Jan. 11.1979 Hillcrest Burial Park Burial 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) James F. Scarpelli, Cumberland, Md. 15M 7/76

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AND THE SECTION (COTO (MARCH) 1887 PER					
AND THE SECTION COST (MANUAL COST OF THE SECTION OF				District.	
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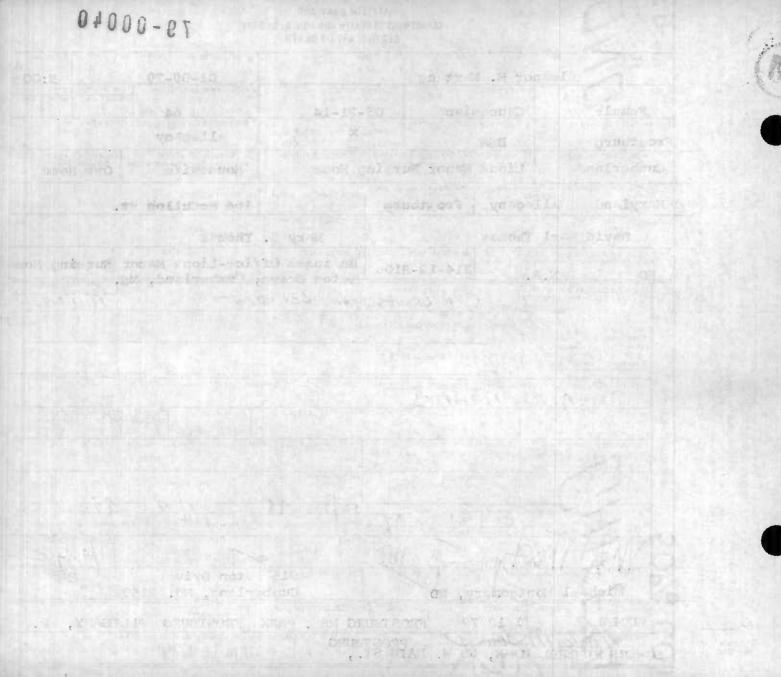
79-00039 100101 the tide of the rest tide of the contract of the street, and t Digest Depart Licens, Prontings, M. 21937 . Level by S.

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00040

-	REGISTRAR							REG. N	O.				
	ECEASED NAME	FIRST	W 74. KT	MIDDLE	Ł	AST	# N 4 3 Fr	20. DATE OF DEATH	HINOM	OAY	YEAR	26. HOL	JR A
		Eleand	or M. I	Martens				01-09	-79			3:	00%
3. SE			RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDER		IF UNDER	24 HRS
	Female		Cauca	sian		-21-14	YEAR	6	4. YRS.	MONTHS	DAYS	HOURS	WIN
	IRTHPLACE (STATE OR E	OREIGN 7		WHAT COUNTRY?	8		**********	BALTIMORE CITY	R COUNT	Y OF DE	ATH		
	ostburg		USA		WIDOWE	DE NEVERA	ORCED	Allega	ny				M
	iny or town of de umberland	ATH 1		HOSPITAL, NURSIN			ITUTION	170. USUAL OCCUPATE (TYPE OF WORK FOR MOST E HOUS EWIT				F BUSINE	ESS O
13a. S	IAL RESIDENCE (IF NUR STATE aryland	SING HOME OR OF 13b. COUNT Alle	THER INSTITUTION	GIVE RESIDENCE BEFORE	'N	136. INSIDE CI	TY LIMITS?	13e. STREET ADDRESS 164 McCul	loh s	St.			X
14 F/	ATHER'S NAME David	Earl "	rhomas	LAST		15. MOTHER'S	MAIDEN NAM				LAS	r	
(WAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? VAR OR DATES)	214-12-1		Busin	ess Ofi	ADDRI fice-Lions	Mano	A 3	71773		
18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and 10. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b)											APPROXIVE TWEEN C	MATE INTER	
NOIL	DIA	NIFICANT CO	ONDITIONS CO	ELLITUS	DEATH BUT	A. L.		nal disease or con					
CERTIFICATION	19a DATE OF OPERA		196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOI	RMED	200 AUTOPSY?	20b. IF YE IN CERTI				TH?
	210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH		PFINJURY M. MONTH D, M.	AY YEAR			ED (ENTER NATURE OF HIJU	RY IN ITEM 18, I	PART I OR P	ART 2)		
MEDICAL	21d. INJURY OCCUR	HILE 🖂	218. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATIO STREET	N A ²	CITY OR TOV	νN	COUR	VIY	\$1	TATE 1
	220.1 certify that (I sow the decease above, (I) (we) (ed olive on_	12	31 19	18.00	d that in (my)	our) opinion d	eath occurred on the di	ote and hor	ur and fr		that (I) (s	,
	70 SIGNATURE	Ma	thin		DM	F		MEDICAL STA		1220	DATE :	SIGNED	
15	224 PHYSICIAN'S N		tgoner	y, MD		22e ADDRESS	313	Seton Driverland, Md		02	ı		
23a.	BURIAL, CREMATION		23b. DATE 1/12/	/ 23c. N		EMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN FROSTBUR	1	COUNTY	ANY		ATE
	OWERS FUN	loy III	Soure,	ADDRESS MA	FROST IN ST	BURG	250. DATE	REC'D. BY REGISTRAR JAN 16 197	25h. REGIS	TRAR'S S	IGNAT	HRE Cr	od



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STATE OF MARY
DEPARTMENT OF HEALTH AND

LAND

	FOR 1 - STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG	GIENE 79	-0004	1			
	I. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR			
	(TYPE OR PRINT) REBECCA	HANNAH	MC BE	E	JANUARY 25, 1	979	1:40Pm			
	3 SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS			
	Female	White	Marc	h 28°, 1898°	80 YE	MONTHS DAYS	HOURS MIN			
1	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	P BALTIMORE CITY OR COU	NTY OF DEATH	MD.			
ノブ	Cumberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SACRED HEART HOS	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife	G LIFE) INDUSTRY	Home			
5	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 135 COUR Maryland Alle	NTY 13c. CITY OR TOW	'N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS 732 Baker S	t.				
1		MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAS	ī			
1	Charles M			Lee Mc						
1	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) IF YES, GIVI	MED FORCES? 16b SOCIAL SECU	IRITY NO.	Mr. Gerard	B. McBee, Cumber	land.Husl	hand			
	PART I. DEATH WAS CAUSE	ally one couse per line for (o), (b), one D BY. TE CAUSE (o) A Cuto	dic Qu	lmonary E	elewa		MATE INTERVAL DNSET AND DEATH			
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE		angertin 1de	Rant farlum					
	couse (0), stating the underlying couse lost.	couse 101, stating the DUETO OR AS A CONSEQUENCE OF								
	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 10	3)			
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDIN RTIFYING CAUSES YES [
1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)				
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
	22n 1		111-	7.0		70				

sow the deceased alive on_ obove, (1) (we) (did) (did not) view the body ofter death

DEGREE

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

DR. W. HIJAB

22e ADDRESS

909 A - SETON DR., CUMBERLAND, MD.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY

21502

23d LOCATION
CIWORTOWN
Cumberland, Allegany, Md.

22b. SIGNATURE

1-27-79 St. Marys Cemetery 24. FUNERAL DIRECTOR SCARPELL I FUNERAL HOME, VANDAVE, CUMBERLAND, MD JAN 3 0 1979

23b. DATE

1979

DHMH - 16 50M 7/77 (VRA 15 (4))

BP.

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nePengal Indian III						
				10		
ena, consessor, m	BOO A- SETTE				N. W	

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directors, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled within 72 hours after about the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remaval. requires that the death certificate be executed within 24 hours after ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified of once

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

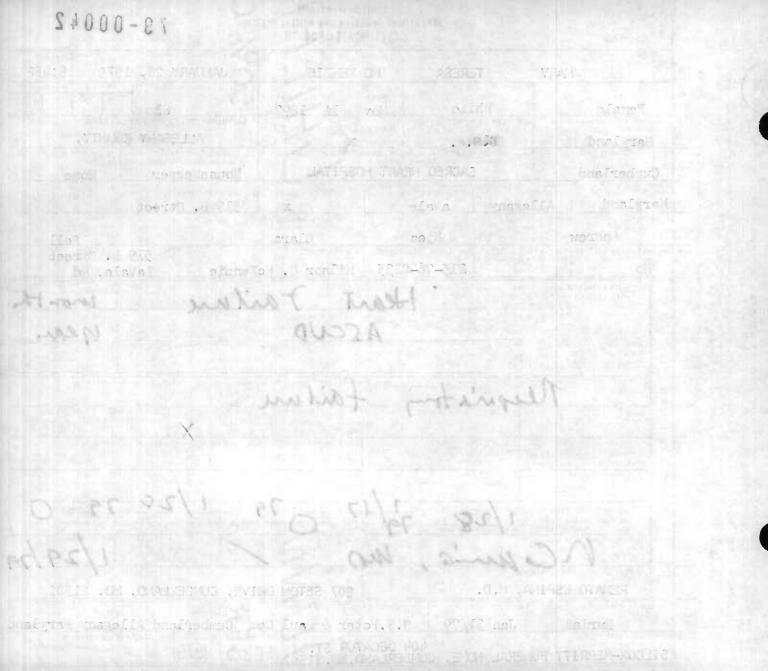
79-11142

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG, NO	1 3	000	
		CEASED NAME OR PRINT)	FIRST	,	MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TIPE)	OKPRINT)	MARY	TI	ERESA	MC	KENZIE	JANUARY	28,	1979	6:45P M
E	3. SEX	(4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
		Female	7	Wh	ite	Nov			81 YRS.		MIV.
	7a. BIF	RTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	TY OF DEATH	
fre		Marvland		U.S	Δ 2	WIDOWE		ALLE	GANY	COUNTY,	MD.
-		TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION	NC	12b. KIND O	F BUSINESS OR
2	C	umberland		(IF NOT IN SUC	SACRED HE	ART H	OSPITAL	Housekeer		LIFE) INDUSTRY Hon	10
_	USUA	AL RESIDENCE (IF NUR	SING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			CI	I HOA	ile
A		TATE	13b COUR		13c. CITY OR TOW	7	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
4		ryland THER'S NAME	A.L.	legany	LaVale	-	YES NO NO NO	519 B. St	reet		
23	14. TA	FIRST		WIDDLE	LAST		FIRST	WIDDLE		LAS	
16		Andre			Nies		Clara	40000			Sell
1	(Y	VAS DECEASED EVER es, no or unknown)		MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT	ADDRE	55 51	9 B. Str	reet
		No			215-76-0	0135	Milnor C. Mc	Kenzie	La	Vale, Mc	
		18 CAUSE OF DEAT	H (Enter ar	nly ane cause per	line for (a); (b), and	digit;	-)	1/		BETWEEN	MATE INTERVAL
	100	PART I, DEATH V		:D BY: TE CAUSE (a)	-	KA	NIA	ilure		w	onth
		4599	}		R AS A CONSEQUE	NCE OF					
		Conditions, if any	which	(, ,)	K A3 A CONSECUE	A	CCUD			U.	ean
		gove rise to im	mediate) (0,		NICE OF					
		underlying cause			R AS A CONSEQUE	NCE OF					
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE									
	Z										
	CERTIFICATION	190 DATE OF OPERA	TION	190 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED
7	필							YES TO NO		TIFYING CAUSES	OF DEATH?
	ER	210. ACCIDENT WAS UN	DERLYING T	216. TIME O	F INJURY		21c. HOW INJURY OCCURE				
9		OR CONTRIBUTING		AIN	M. MONTH DA						
-	MEDICAL	(IF EITHER, NOTIFY MEDI		P. 21e PLACE		19	21f LOCATION				
	ME	WHILE CO NOT V	VHILE C		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	M	COUNTY	STATE
		AT WORK - AT W	ORK			1/	1-	1/	7.6	24	
		220.1 certify that (I saw the decease		1/7	e deceased from	10/	nd that in (my (aur) ppinion (death accurred on the de	to and b	., 19,	that (I (we lost
9		above, (l) (we) (did) (did no	ot) view the body	coer death.			death accurred on the de	ore one n		
		22b. SIGNATURE	1		1.	14	DEGREE ATTENDING	MEDICAL STAT	e e	22c. DAV	SIGNED
		/	11	1/N	<u></u> G	M	PHYSICIAN	DIRECTOR PHYSIC		11.	29/79
1		22d. PHYSICIAN'S N	AME (TYPE C	OR PRINT)			22e ADDRESS			/	
1		RENATO	ESPI	WA, M.D.			907 SETON DE	RIVE, CUMBER	RLAND	, MD. 21	1502
	230 B	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	(:	Buria	al	Jan 3	1/79 9	s.S.P	eter & Paul Ce	em Cumberla	and A		Maryland
		JNERAL DIRECTOR									
	.24. FL	NAME			ADDRESS AL	DEC	ATUR ST.	E REC'D. BY REGISTRAR		STRAR'S SIGNAT	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL



79-00043 1 7 4 1 1 1 mm BOT OF THE PROPERTY X THE STATE OF THE S .a.a.u YELLOWILLIA ESPER MINISTERNAL TITLIBUR MT. TEMONO TEMPERARY DETRICTORS AND ALL MARK LORD . C. TH. M. PRANCES STATE OF A STANDARD . DECARDED BY TEXABLE BALANDER TO N.A. P. 215.26_Proc . M.S. mark Fichalis, MT. 3, Down S Corona thromboris, Election to uno 102 - Paranag Salawais PU-19-1 dereiten britareite. M.D. 1.9. "umbeniend. Kerritum alfue 1/20/29 ST. MICHAEL CART PROPERTY OF PROPERTY. delines polylate appearance in the transfer in

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If them 21 is morked or them 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 7 9	-00044
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
FOR	REST WOODRO	W MILLER	JANJARY 10, 19	5:40 AM
3. SEX	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	WHITE	APR 15 1918	60 YRS	
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
IOWA	U5A	WIDOWED DIVORCED [ALLEGANY CO	MD.
CUMBERLAND	"SACRED" HEART		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LOBOK	12b. KIND OF BUSINESS OR INDUSTRY
130. STATE 136.CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEF JUNTY 13t. CITY OR TO MERSET MEYERS	DWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
14 FATHER'S NAME FIRST HARVEY	MIDDLE LAST MILLE	15. MOTHER'S MAIDEN IN FIRST	WIDDLE	BITTNER
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
YES (IF YES, O	U II 184-18	-3401 HARRIET MIL	LER RD-3 M	EYERSDALE PA
Conditions, if any, which gave rise to immediate cause 10. stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		Myouna		DIVEN IN PART 1(a)
TIEIC .	The condition tok with	CHOPERATION WASTERIORMED	IN CERT	TIFY INC CAUSES OF DEATH? YES NO NO
00.00.00.00.00.00	DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	B, PART 1 OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY	21f. LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
saw the deceased alive above. (1) (we) Idid and	spital) attended the deceased from on hot wow the body ofter death.	225, and that in (my) (our) opinion	on death occurred on the date and his	our and from the couses stated
22b, SICHATURE	/ clip	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED / 7 G
22d PHYSICIAN'S NAME (TYP	ELIPA M.	D. 22e ADDRESS	Sefon Dr. Cu	esterland Mel
230 BURIAL CREMATION, REMOV. (SPECIFY) BURIAL		C. NAME OF CEMETERY OR CREMATOR 10 STETLER CHURCH CEME	CITY OR TOWN	COUNTY OMERSET CO PA
24 FUNERAL DIRECTOR PRICE F NERAL	HOME MEYERS BAI	E DA ICCCO	ATE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE

J. 7 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Ed-lo	t/ - C = 1		
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		THE WEST THERE	SUC	a-thallan
		SOKERSKING	Seemakke	100
	service of the			START
	Charles Through			

20 DATE OF DEATH I. DECEASED NAME TYPE OR PRINTE Milleson January poge er deot 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH 4 RACE MONTH July 26, 1908 70 White Male 16. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDXX U.S.A. **Allegany** West Virginia IS CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Allegany County Infirmary Cumber land None DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Allegany YESXIX Marvland Cumber land 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST EIRST WIDOLE Charles E. Milleson Frances E. Power ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) J. Forrest Milleson, Cumberland, Md. No 18 CAUSE OF DEATH (Enter only one couse per line for 10, 16), and ic PART I. DEATH WAS CAUSED BY OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION &IVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTO YES NO Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY ŏ CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from January sow the deceased alive on January 27, 19 obove, (I) (we) (did) (did not) view the body after death DEGREE 22b. SIGNATURE * ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould be 230 BURIAL, CREMATION, REMOVAL 234. NAME OF CEMETERY OR CREMATORY 236 DATE

REG. NO 2b HOUR A.M

IF LINDER 1 YEAR

BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Allegany County Infirmary

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MullEs 48A2c

20b. IF YES, WEBEFINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES

COUNTY

and that in (my) (our) ppinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

Branch Mountain Cem.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Mineral, West Virginia Romney,

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

1/31/79 24 FUNERAL DIRECTOR Philip B. Wendt 121 Memorial Ave. Cumb., Md.

DHMH - 16 60M 1/75 (VRA 15(4))

Burial

- STATE

REGISTRAR

SYCALOG CONTROL OF THE TAX OF THE PROPERTY OF

(VR A 15 (4))

MARYLAND

Und hay a, while PILL VIEW LEVEL Parelle Committee of the Committee of th PET LONG VICTOR OF THE PROPERTY AND THE Statement Statem West # 0 s, s.o. _ _____ 726 STES HAVE, C HERLE 1, 10. 21:02 The design of the companies of the compa

FIGURES FOR A STATE OF LAND ST. COMPANY F, 10.

STATE OF MARYLAND
FOR DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00047

- STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME LAST 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) **JANUARY 8, 1979** ANNA ELIZABETH MORGAN 12:30A M 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR DAYS **HOURS** Female White June 3. 1902 70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY ALLEGANY COUNTY USA Maryland DIVORCED [] WIDOWED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland SACRED HEART HOSPITAL Re.Machine Operator USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 835 Columbia Ave. 13d INSIDE CITY LIMITS? Cumberland YES X NOF Md llegany 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John E. Morgan Mary A. Mc Cormick LAST 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Miss Hortense Morgan, Cumberland, Sister no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV NOF 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ that (1) (we) last sow the deceased alive on. , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 226_SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS DR. MICHAEL GLICK 912 SETON DRIVE CUMBERLAND MD. 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE

BP_____ DHMH - 16 50M 7/77

FUNERAL

ld b

MPORTANT:

AH-1650M7/77
(VRA 15(4))

24. FUNERAL DIRECTOR
NAME
SCARPELLI FUNERAL HOME, 108 VIRGINIA AVE. 21502

Burial

Janll, 1979 St. Marys Cem

St. Marys Cemetery Cumberland, Allegany,

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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DR. ITH -L GLICK

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injury, or other traumatic event, th

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00048

	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	FIENE 79	-0004	8	
	1. DECEASED NAME FIRST ROBE	ERT C.	MYE	RS		6, 1979	26 HOUR 141	
	Male Male	4. RACE White	5. DATE (H DAY YEAR	6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 2	MIN.
	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Magnolia, W. Va.	76 CITIZEN OF WHAT CO	MARRIE WIDOWI		9. BALTIMORE CITY OR Allegany	COUNTY OF DEAT	H	MD,
7	CUMBERLAND	11. NAME OF HOSPITAL	TE STREET I		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Clerk	WORKING LIFE) INDU	ND OF BUSINES STRY D RR	SOR
		NTY 13c. CITY	OR TOWN Paw	13d. INSIDE CITY LIMITS? YES 🖔 NO 🗌	13e STREET ADDRESS c/o Postme	aster		
4	Joseph E. M		LAST	Alice All	bright MIDDLE		LAST	
		E WAR OR DATES	1AL SECURITY NO. 3-34-330	Mrs Robert	(Eula) Mye	rs, Paw I		
	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate couse (o), stating the	D DV	onsequence of	0	un lye		PROXIMATE INTERVINEEN ONSFT AND D	AL EATH
7	PART 2. OTHER SIGNIFICANT OF DEPART ON DEPART OF OPERATION 210. ACCIDENT WAS UNDERLYING			NOT RELATED TO THE TERM	200 AUTOPSY?	TION GIVEN IN PA 20b. IF YES, WERE F IN CERTIFYING CA YES [7]	INDINGS USED	4?
	OR COLUMNIA CALLER OF DE	P.M.	19	21c. HOW INJURY OCCUR				
	OR CONTINUOU ING CAUSE OF DE	71e PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNT	Y STA	TE
	220.1 certify that (1) (this haspi sow the deceased alive on above, (1) (wended) (did no	1/26/79	19	nd that in (my) (ow) opinion	death occurred on the dat	e and hour and from	n the couses stat	
	226. SIGNATURE	welling by			MEDICAL STAFF	45.03	29/79	9
	DR. G. OVER	TON HIMMEL		22. ADDRESS 133 CUMBERLAND,		AVE 502		
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1/28/1979		Hill Cem.	Paw Paw,		5434 STAT	E
	Johnson Funeral	Hommerkel	ey Spgs.	W.Va. 250. DAI	EB 1 1979	tiofry	ACCUANT	Cy

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the bundl-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu IMPORTANT: If Hem 21 is marked or Item 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The

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DR. G. OVERTON HIERELWRIGHT CUMBERLAND, NO 21102

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME FIRST REGISTRAR KNOWN 26. HOUR Michael 0'Rourke 7p DEATH MATED 5 DATE OF BIRTH 6. AGE UNY HAS IF UNDER I YR. 3 SEX 4 RACE IF UNDER 24 HRS DATE 2d. HOUR 24. LA' 6 PRONOUNCED 7p M White m Male DEAD YRS LOUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Allegany WIDOWED [DIVORCED [MD 120. USUAL OCCUPATION (TYPE OF WORK D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS A (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland Celanese Corp Sacred Heart Hospital-Mary land 13e. STAGET Water Cliff Street Affegany Lonaconi ng 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OF AIT MIDDLE MIDDLE Joseph O.Rourke Matilda Marlev 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-10-1709 2nd. Yes Isabelle O Rourke, Lonaconing CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coconary thrombosis sudden IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Sclerosis, left Coronary Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO [BURIAL 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Homicide Undetermined manner 1-18-79 EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA DATE MEDICAL EXAMINER SIGNED ADDRESS R#9, Cumberland, Maryland 21502 EXAMINER'S NAME Benedict Skitarelic, M.B (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial St. Marvs Cemeterv Lonaconing 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Eichhorn. Lonaconing, Maryland (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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STATE OF MARYLAND

79-00052 Jan. 1979 Somet Secured Large Conference 9721 and . or bearing the formation of the

1.	STATE REGISTRA	AR	M			CERTIFICATE C		REG NO	79-000	53
	ECEASED I		Jeffery	Lynn 3	Relko	LAST	OF	KNOWN ESTI-	1-23-79	2b. HOU 6:3
	Male	4. RACE White	5. DATE OF BIRT MONTH GA 3-9-72 7b. CITIZEN OF	Y YEAR	6 YRS.		MIN PRONOL DE A	D '	MONTH DAY YEA 1-23-79 19 PR COUNTY OF DEATH	6:30
	FOREIGN COU		11. NAME OF H	USA OSPITAL NURSIN	WIDO'	RIED NEVER MARR WED DIVORC	ED A	llegan	_	BUSINESS
USI 13a	JAL RESIDE	Derland NCE (IF IN NURSING, HOA 136; COL	Memo ME OR OTHER INSTITUTION: UNITY Lneral	13c. CITY OR	DRE ADMISSION)	13d INSIDE CITY LIMITS?	FOR MOST OF WO			
-	ATHER'S N		Ineral MIGDLE	P1e Relko	edmont	YES NO 15 MOTHER'S MAIDI	EN NAME	East H	ampshire St	reet
16a.	WAS DECE YES, NO, OR L	ASED EVER IN U.S. A	ARMED FORCES? SIVE WAR OR DATES)	16b. SOCIAL	SECURITY NO.	17. INFORMANT		ADDRESS	Wilguss Piedmont Hampshire	St.
1	PAR	TI DEATH WAS CAU	DIATE CAUSE (a)	ne far (a), (b), an	Mac	ceration o	f brain		BETWEEN ON	days
3	gav	ditions, if any, whi e rise to immedia se (a) stating the <u>und</u> g cause last.	ate / (b)	DR AS A CONSEC	QUENCE OF	ontusions of				days
NO.		HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEA	TH BUT NOT RELATED		SE OR CONDITION GIVEN IN PA			15	uays
CERTIFICATION	19a DAT	E OF OPERATION		COmpress		was performed? brain			20 AUTOPS	
MEDICAL CER	21a. EXT UNDERL CONTRI	BUTING CAUSE C	OF DEATH 7 P	OF INJURY M. MONEH DA M. 1-8-7	Y YEAR OT	ow injury occurred sled, wen			PART 1 OR PART 2)	
MED	WHILE AT WOR	RY OCCURRED NOT WHILE AT WORK		EOF INJURY (A ACTORY, FARM, ETC.)			Street, Pi	edmont	, Mil Miner	al,WV
1			arge of the remains of atural causes ,	Accident		Hamicide	Undetermined in			70
-	SIGNAT EXAMIN (TYPE OF	ER'S NAME Ber	nedict Ski	tarelic,	M.D.	Deputy ADDRESS P#9, Ct	MEDICAL EXA		DATE SIGNED 1-23- land 21502	19
	E	emation,removal Burial	23b. DATE	70 Dot	mac Mem	Candona	23d. LOCATION CITY OR TOWN	Mi		Va.
	truck		r, West Vi	A .	llen M.R	otruck DATE	PEC'D. BY REGISTR	AR 25h DEGIS	STRAR'S SIGNATURE	

STATE OF MARYLAND

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STATE OF MARYLAND

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Westernport, Md.

FOR

- STATE

DHMH-16 60M 1/73

(VR A 15 (4))

Boal Funeral Service

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

injury, ar other traumatic event, the medical exami

MPORTANT: If Hem 21 is marked at Hem 18 shows any

FOR - STATE

STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00056

	REGIOTRA				REG. N	0.		
	ECEASED NAME FIRST E OR PRINT)	MIDDLE	1.6	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	WILB	UR R.	ROBEI	RTSON	JANUARY :	27.	1979	10:40R-
3. SE	X	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIR	THOAY)	IF UNDER 1 YEAR	
W.	Male	White	Oct.	3. 1898 YEAR	80	YRS.	MONTHS DAYS	HOURS MIN
7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8		9. BALTIMORE CITY			
We	est Virginia	USA	WIDOW	D NEVER MARRIED *	Allegany			440
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,			12ª USUAL OCCUPAT	ION	12b. KIND (OF BUSINESS OR
CU	JMBERLAND	MEMORIAL	HOSPITAL		Retired Ma			lroad
USU	AL RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION, GIVE RESIDEN	NCE BEFORE ADMISSION)			CHIHI	LS Hal	IIUau
	STATE 13b COU		ORTOWN		13e. STREET ADDRESS	må n . /		
	arvland All	egany Cum	berland	YES XXX NO	34 Virgi	nia A	ive.	
		m Robertson	LAST		iddleton		LA	AST
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCI	AL SECURITY NO.	17. INFORMANT	ADDR	ESS		
,	no	t was on pares)		Miss Jennie	Robertson.	Cumb	perland.	Sister
	18. CAUSE OF DEATH (Enter or	nly one couse per line for 10'). (b). and (c).)	- Spales	11			XIMATE INTERVAL LONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:		- me a ske	and de	sens	1	MOAL
	IMMEDIA	TE CAUSE (o)		7-9 65-6	11			1 cox-
	7/47	DUE TO, OR AS A CO	NSEQUENCE OF	(/				
	Conditions, if any, which gave rise to immediate	(b)			/			
	couse (o), stating the underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF				30 120	
	didenying coose lost.	(c)						
~	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN PART 1	(0)
Ö	Dona	nene	- df -	Keffy bo	al,	112		
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI	
RTI	101004			V	YES NO		YES 🗌	NO 🗆
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	, PART 1 OR PART 2)	
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	NIN .	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	101	COUNTY	
×	AT WORK AT WORK	(AT HOME, STREET, FACTORY	r, OFFICE, FARM, ETC.)) A	CITORIO	1	COUNT	STATE
	22a.1 certify that (1) (this hasp	ital) attended the deceased	d from 24	VAN 19 79	to 2	Vien	10 79	thortik (we) lost
	sow the deceased alive or above, (1), (we) (did) (did no			nd that in my (our) opinion o	death occurred on the	ote and he	our and from the	couses stated
	22b. SIGNATURE	tiview the body ofter death		DEGREE				E SIGNED
	THE SIGNATURE	111 2M-	1/6 1/0	ATTENDING	MEDICAL STA	FF	70	SOMED
	I real	110111	10,2089	PHYSICIAN	DIRECTOR PHYSIC	CIAN	100	ton117
	220. PHYSICIAN'S NAME (TWEE			22e. ADDRESS			0	· ·
	PR. FREDERIC	K MILTENBE	RGER /	122 S. CENT	RE ST., (CUMBI	ERLAND	, MD
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
((SPECIFY) Burial	1-31-1979	Camp Hi	11 Cemetery	Paw Paw,	W. V:	COUNTY	STATE
24. F	UNERAL DIRECTOR		-	25a. DAFE	REC'D. BY REGISTRAR			TURE
	James F.	Scarpelli, C	umberland	l.Md.	FR T 18/8	p	cifry /	Cready
		T. C.		,				

201-104	UASIDARY 27, 1979	MOSTSBOR	Matth
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	S NECESSARY, PLEASE FUNERAL DIRECTOR. S. FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	3 SE.	x Male	4 RACE Warte	5. DATE OF BIRTH	65 ^{YEAR}	6. AGE (IN YEAR!	LIFTIN		IF UNDER			MŌ	-27-7919 -27-7919	1:05p A YEAR 2d. HOUF 1:59p A
	FOR YOUNERAL PESTO	FC	IRTHPLACE (COUNTRY)		7b. CITIZEN OF WHAT COUNTRY? USA MARRIED NEVER MARRIED NEVER MARRIED Allegany						OUNTY OF DEATH				
	PESES IN		mberla		A (IF NOT IN SUCH FAC	II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Memorial Hospital——DOA Student						Jr.H	DUSTRY		
1201	IF ANY DELA 3. RETAIN P SHOULD BE IN RECORDS:	13a. S	AL RESIDENCE STATE yland	(IF IN NURSING HOME O 13b. COUN' Alle	R OTHER INSTITUTION, GIVE	13c. CITY	BEFORE ADMISSION OR TOWN	1)	13d. INSIDE (I	ITY LIMITS?		T ADDRESS		School	
BALTIMORE, MD. 21201	S 1, PM	14. F.	ATHER'S NAM FIRST	Robert G.	Saville		LAST		15. MOTHE	ER'S MAIDEI		E. Wol	lfe	LAST	
LTIMOR	AFTER I	16a \	WAS DECEASE (ES, NO, OR UNKN NO	OWN) (IF YES, GIVE Y		16b_SOC	IAL SECURITY I		17. INFORA		G. S.		DRESS Flin	tstone,	ather
V ST., BA	N 24 HOURS I ITEM 18. G ALONG WIT PERMIT. PA I'GIENE, DIVI		18 CAUSE O	EATH WAS CAUSED	y ane cause per line f DBY: TE CAUSE (a)	ar (a), (b)), and (c).)		nciat:	34-07				APPROX	CMATE INTERVAL QNSET AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,		7		ons, if any, which ise to immediate		AS A CON	ISEQUENCE OF		essi	on of	Chest	t		11	
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CORDS,		NOI			CONTRIBUTING TO DEATH BO	UT NOT RELA	TED TO THE TERMINA	AL DISEASE	OR CONDITION	N GIVEN IN PAR	T 1 (a).				
VITAL RE	SED SED	CERTIFICATION		FOPERATION			WHICH OPERAT							20 AUTO	
ONOF	CERTIFICATE SHO TING THE WORD DED TO THE CH 3 SHOULD BE U DEPARTMENT OF PRIOR TO BURIAL,	MEDICAL CE	UNDERLYING	ING CAUSE OF		1-27		T	las pi			r overt		RR Car.	
DIVIS	WRI WRI	MED	21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE O STREET, FACTO Near	RY, FARM, E	(AT HOME.	wer	ATION REET OLC	itown,	Mai	city or town ryland		COUNTY	STATE
•	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PA TO FUNER			ify that I taak charge ted fram: Natur	e of the remains described al causes , , , , , , , , , , , , , , , , , ,	ribed aba		Autaps de	Hamic	PECIFY)	Undeterr	Inquiry	□,	ny apinian ATE GNED 1-27	- 79
	MEDIC. ECUTE TE GE 4 SP FUNER. TER DE A	0	EXAMINER'S (TYPE OR PR	NAME Ben	edict Skit	arel	ic, M.I).	DDRESS_	R#9,0				and 2150	
	Bb——BAGFAB	(1	Bur		36. DATE 30-79		NAME OF CEME Ugusta (terv		23d. LOC CITY OR Aug	lista h	I. Va.	COUNTY	STATE
	DHMH - 17 (VR A15 ME (5)) 15M 7/77		Scarpe.		berland, N	laryl	and 215	02		25e. DATE	EBB 1	EGIS 197 3	b. REGIS RA	R'S SIGNATURE	Presty

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n signed by the ottending physicion and completely filled in by the funeral direct. Then please remove carbonpope's. Pages 1 and 2 should be filed within 72 hours.

injury, or other troumotic event, the

should be detoched for use as the burial-fransit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retoined by the hospital or attending physicia

STATE OF MARYLAND

00058

	1 - STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TYPE OR PRINT) ERMA	L.	SCHRAMM	JANUARY 8,	1979 8:30 문
3.	SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
H	Female	White	May 17 1911	67 y	MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY		9 BAITIMORE CITY OF COL	
	Md.	USA	WIDOWED DIVORCED		MD.
10	D. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR
	CUMBERLAND	MEMORIAL HO		House Wife	NG LIFE) INDUSTRY
U Ta	SUAL RESIDENCE (IF NURSING HOME OF 30. STATE, 13b. COUT	ROTHER INSTITUTION, GIVE RESIDENCE BEFINDS 13. CITY OR TO BETY!		Rtt. 4 Box 398	Keyser W. Va.
14	FATHER'S NAME		15. MOTHER'S MAIDEN	NAME	
T	Amos -	Davis	Estelle Estelle	WIDDLE	Carter
16	a. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS	- 21 001
L	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	Vernon Scha	armm Rt. li Ke	yser, W.Va.
100	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT		ni progessioni s	legater cuids	1968 1968 IGIVEN IN PART 1(0)
4000	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. 1	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\cap \) NO \(\cap \)
			DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITE	
1000	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		of the deceased from 19 of the view the body offer death.		on deoth occurred on the dote onc	226. DATE SIGNED
		Jackeni		MEDICAL STAFF DIRECTOR PHYSICIAN	Jan 19
	DR. ANTHONY		R	RIAL MEDICAL	BLDG.
23	30. BURIAL, CREMATION, REMOVAL		. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY
	(SPECIFY) Burial	1/11/79 F	Potomac Memorial Pa	ark Keyser Min	eral Md.

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

Boal's Funeral Service, P.A. Westernport, Md.

Potomac Memorial Park Keyser 250. DATE REC'D. BY REGISTRAR 251 SEGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

	REGISTRAR					AND MENTAL HYCE OF DEATH		J. NO.	-000	33
	CEASED NAME	FIRST	MID	DLE	LAST	SH 37 (V)	20. DATE OF DEAT	Н момтн	DAY YEAR	26 HOUR
(ITPE	OR PRINT]	MASON	S.	SI	ISK,	SR.	JANUAR'	Y 19,	1979	7:50
3. SE)	(4 F	RACE	5. [DATE OF BIRTI		6 AGE (IN YEARS LAS	T BIRTHDAY]	IF UNDER 1 YEAR	# UNDER 24 I
М	ale	1	White	т.	MONTH	V 10.191	69	YR	MONTHS DAYS	HOURS
70 BI	RTHPLACE (STATE OF		CITIZEN OF WH	AT COUNTRY? 8		VEVER MARRIED	9. BALTIMORE CI			500
	ryaland		USA		DOWED	DIVORCED [gany		
	JMBERLAN		(IF NOT IN SUCH FA	SPITAL, NURSING H	STAL	ER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR M	OST OF WORKING		of Business
JSU/	AL RESIDENCE (IF NO	IRSING HOME OF OTH		E RESIDENCE BEFORE ADM		ISIDE CITY LIMITS?	13e. STREET ADDR	ESS		
	rvalnd			umberlan		_			d Lane	
	THER'S NAME	MIDD				THER'S MAIDEN NA				1174 31
	James	TaT)lt	Sisk		Carrie	MIDE	ILE.	T110	ker
	AS DECEASED EVE	R IN U.S. ARMEI	D FORCES? 16	SOCIAL SECURITY		FORMANT	A	DDRESS	140	-MCT
()	ES, NO OR UNKNOWN]	(IF YES, GIVE WA		05 12 40	47 T =	Ilio P	Cial Ca	ımber]	and M.	arvla
	No	711 5		05-12-49		IIIe B.	Sisk, Cu			MATE INTERVA
	PART I. DEATH	WAS CAUSED B	Y	Onecu		(1) 11-11-	extr bel	afon	BETWEEN	CU-CES
	gove rise to in cause (a), sta underlying cau	ting the	101 6	SCONSEQUENCE	rigel	ofeco-ce	e Lecel			vadi (
NO	PART 2 OTHER SIG	GNIFICANT CON	NDITIONS <u>CON</u>	4- a.	Lesi-	- claste	660			
TIFICATION	PART 2 OTHER SIG	experten	uewe	FOR WHICH OPE	FEREIN WAS	PERFORMED	200 AUTOPSY?	/ IN CER	YES, WERE FINDING CAUSES	NGS USED
CAL CERTIFICATION	H	PATION INDERLYING CAUSE OF DEATH	19b. CONDITION 21b. TIME OF II	FOR WHICH OPE	21c. H	PERFORMED	200 AUTOPSY?	IN CEF	RTIFYING CAUSES YES []	NGS USED OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEE 21d INJURY OCCU	ATION INDERLYING CAUSE OF DEATH DICAL EXAMINER)	19b. CONDITION 21b. TIME OF II HOUR A.M. P.M. 21b PLACE OF	FOR WHICH OPE	YEAR 21c. F		200 AUTOPSY? YES NO	IN CEF	RTIFYING CAUSES YES []	NGS USED OF DEATH?
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	210. ACCIDENT WAS U 210. ACCIDENT WAS U OR CONTRIBUTING (FETHER, NOTHY MEE 21d INJURY OCCU WHILE ATWORK ATWORK 220.1 certify that sow the deced abave, (1) weel	INDERLYING CAUSE OF DEATH CAUSE OF D	19b. CONDITION 21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET ottended the continued the body off	NJURY MONTH DAY INJURY FACTORY, OFFICE, FARM, Receased from Type of death.	YEAR 19 21f. L Terc.) DEGRE	OCATION STREET in (my) (6ur) Opinion ATTENDING PHYSICIAN (ADDRESS 55	200 AUTOPSY? YES NO CITY O	IN CER INJURY IN ITEM OR TOWN STAFF STAFF ST. D, MD	RTIFYING CAUSES YES 18. PART 1 OR PART 2] COUNTY 19. Page 19. P	NGS USED OF DEATH'S NO state that (I) we causes state SIGNED 2 1 /

DHMH - 16 50M 7/77 (VR A 15 (4))

Funeral

Home Cumberland

BP.

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retained by the haspital or attending physician.

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FOR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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		Reverse

(TYPE OR PRINT) Violet E. Steele OF ESTI- DEATH MATED 1-19-79 9:308 3. SEX 1 RACE 5 DATE OF BIRTH MONTH DAY YEAR 6 AGE IN YEAR 1F UNDER 1 YR. 1F UNDER 24 HRS. 2c. DATE MONTH DAY YEAR 2d. HOUR								AARYLAN					
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH IDECEASED NAME VIOLE B. STEEL STATE FOR STATE FOR STEEL STATE FOR STATE FOR STEEL STATE FOR STEEL STATE FOR STEEL STATE FOR STATE FOR STEEL STATE FOR STATE F	2	11-											
Steele St	A 30 9 1 1				MEI		HER'S	CERTIFIC	CATE OF	DEATH	REG. NO. 9	- 000	162
SEX SACE DATE OF BRITH ACCEPTANCE STATE SACE S								LAST		20. DATE KNO	MOM NON		ZU. TIOOK
PEMALE White Dan 17, 1921 58 Vrs. Jan Bethreace Dan Co. Jan Bethre		(,,			et			ele		DEATH MA	TED 1	-19-7	9 9:30
The street plane of the plane		3. SE	X 4	RACE 5		6. AGE IN Y	ARS IF UN	IDER 1 YR.				DAY	YEAR 26. HOUR
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Frostburg Rth Page Rox 221 Rox	1		Marvlar				WIDOW	/ED 🗆	DIVORCED				
JUSTIAN STATE ST					11. NAME OF HOS	PITAL, NURSING HOM	E, OR OTH	IER INSTITUT	TION 1	EQR MOST OF WORKING	ON (TYPE OF WORL	OR IN	OF BUSINESS DUSTRY
13. STATE MATY Allegany Frostburg 13. MINDER (IT MINIS) 13. STREET ADDRESS R#2 Box 221 14. FATHERS NAME MODITE MATERIAL STREET ADDRESS R#2 Box 221 15. MOTHER'S MAIDE MODITE MADDRESS R#2 Box 221 16. WAS DECRESED VER IN U.S. ARMED FORCES? 15. MOTHER'S MAIDEN NAME ADDRESS Rt. 2 16. WAS DECRESED VER IN U.S. ARMED FORCES? 15. MOTHER'S MAIDEN NAME ADDRESS Rt. 2 17. INFORMANT ADDRESS Rt. 2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOAJS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19. LOADS OF DEATH (Enter on					Rt.#2	2, Box 22	1			Housewi	f'e	Own H	lome
Maryland Allegany Frostburg VES NO NO No No No No No No	ď	13a S	TATE	1136 COUNTY		13c CITY OR TOWN		134 INSIDE CI	TY LIMITS? 13	e. STREET ADDRESS		100	
THE PROPERTY Alice Kennedy Alice Alice Kennedy Alice Kennedy Alice Kennedy Alice Alice Kennedy Alice Kenne	1		Marylan	d All	egany	Frostbu	rg				R#2,	Box	221
Secretary Secr	1	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN	NAME		1241	
Max DECEASED EVER IN U.S. ARMED FORCES? 18b. SOCIAL SECURITY NO. 215-76-7751; Mr. Elmer Steele, Frostburg, Md. 187.85, ORE WAS DECASED BY. 215-76-7751; Mr. Elmer Steele, Frostburg, Md. 187.85, ORE WAS DECASED BY. 187.85, OR WAS DECASED BY.		1				~					Ke	nnedy	
No 215-76-775]; Mr. Elmer Steele, Frostburg, Md.			WAS DECEASED E	VER IN U.S. ARME		166. SOCIAL SECURI	YNO.			A	DDRESS R+	. 2	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). Coronary Occlusion APPROXIMATE INTERVAL ADDRESS SERVICE NORSE AND DEATH SUDGED SERVICE NORSE AND DEATH SUDGED SU	ĺ	,) IF tea, Give wa	OR DATES!	215-76-7	751	Mr.	Elmer	Steele.			Md.
PART I DEATH WAS CAUSED BY: MAREDIATE CAUSE (o) COPONARY OCCURSION	F		18 CAUSE OF D	EATH (Enter anly a	ane cause per line							APPRO:	KIMATE INTERVAL
TOUR TOUR SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. DATE OF OPERATI	I		PARTIDEAT	H WAS CAUSED B	BY:		Coro	narv	Occl	usion			
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COUSE (O) Stating the under- lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS							C	orona	ry S	clerosis			
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196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES XX NO			PART 2 OTHER SIGNI	ICANT CONDITIONS CO		BUT NOT RELATED TO THE TER	DARRIN LANGE	OP CONDITION	CIVEN IN BART 1				
UNDERLYING OR COUNTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK 21e PLACE OF INJURY (AT HOME. STREET CITY OR TOWN COUNTY STATE 22e. I certify that I took charge of the remains described above, held an death resulted from: Natural causes A, Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE DEVIALED M.D. Deputy MEDICAL EXAMINER SIGNED 1-19-79 EXAMINER'S NAME Benedict Skitarelic, M.D. R#9, Cumberland, Maryland (TYPE OR PRINT) 23e. BURIAL, CREMATION, REMOVAL 13b. DATE		Z				OF HOT RECAILS TO THE TERM	MINAL DISEAS	E OK CONDITION	OTTEN IN TAKE	(u),			
UNDERLYING OR COUNTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 22d. I certify that I took charge of the remains described abave, held an death resulted from: Natural causes X., Accident Signature M. Deputy M. Inspection D. Inquiry M. and in my apinion death resulted from: Natural causes X., Accident M. Deputy M. Deputy M. Date Signature Signature M. Deputy M. Deputy M. Date Signature M. Deputy M. Date Signature M. Date Signature M. Date Signature M. Deputy M. Deputy M. Date Signature Mem. Pk. Frostburg Allegany. Md. 23d. BURIAL CREMATION, REMOVAL 336. Date Jan. 22, 1979 Frostburg Mem. Pk. Frostburg Allegany. Md. 25d. Date Rec'd. By Registrar's Signature M. Date Signature Mem. Pk. Frostburg Allegany. Md.		- ĕ	190. DATE OF O	PERATION	19b. CONDIT	TION FOR WHICH OPE	RATION W	AS PERFOR	MED?			20. AUTO	OPSY?
UNDERLYING OR COUNTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described abave, held an death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE DEVIALED SIGNATURE SIGNATURE EXAMINER'S NAME Benedict Skitarelic, M.D. Deputy MEDICAL EXAMINER SIGNED 1-19-79 EXAMINER'S NAME Benedict Skitarelic, M.D. R#9, Cumberland, Maryland (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236, DATE		FIC											
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT WORK 270. I certify that I took charge of the remains described above, held on death resulted from: Natural causes A, Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE DEVIALE TRANSPORTED AND DEPUTY MEDICAL EXAMINER SIGNED 1-19-79 EXAMINER'S NAME Benedict Skitarelic, M.D. R#9, Cumberland, Maryland 130. BURIAL, CREMATION, REMOVAL 130. DATE		ERT	210 EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY	21c. H	OW INJURY	OCCURRED	ENTER NATURE OF INJURY II	N ITEM 18 PART 1 OR		NO L
220. I certify that I took charge of the remains described above, held an Autopsy A. Inspection A. Inquiry A. and in my apinion death resulted from: Natural causes A. Accident A. Suicide A. Hamicide A. Undetermined manner A. TITLE (SPECIFY) ACTUAL SIGNATURE Benedict Skitarelic, M.D. Deputy MEDICAL EXAMINER SIGNED 1-19-79 EXAMINER'S NAME Benedict Skitarelic, M.D. R#9, Cumberland, Maryland (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 238. DATE 230. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE Burial Jan. 22, 1979 Frostburg Mem. Pk. Frostburg, Allegany, Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE		1 3			HOUR A.M	MONTH DAY YEA	R					-,	
220. I certify that I took charge of the remains described above, held an Autapsy A. Inspection A. Inquiry A.		DIC	21d INJURY OC	URRED			21f 10	CATION					
220. I certify that I took charge of the remains described abave, held an Autopsy A. Inspection A. Inquiry A., and in my apinian death resulted fram: Natural causes A., Accident A., Suicide A., Hamicide A., Undetermined manner A., ACTUAL SIGNATURE Benedict Skitarelic, M.D. Deputy MEDICAL EXAMINER SIGNED 1-19-79 EXAMINER'S NAME Benedict Skitarelic, M.D. R#9, Cumberland, Maryland ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE Burial Jan. 22, 1979 Frostburg Mem. Pk. Frostburg, Allegany, Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE		ME	WHILE T	NOT WHILE						CITY OR TOWN		OUNTY	STATE
death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined monner , ACTUAL SIGNATURE SIGNATURE SIGNATURE Benedict Skitarelic, M.D. Deputy MEDICAL EXAMINER SIGNED 1-19-79 EXAMINER'S NAME Benedict Skitarelic, M.D. R#9, Cumberland, Maryland (TYPE OR PRINT) 230. BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Jan. 22, 1979 Frostburg Mem. Pk. Frostburg, Allegany, Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE		1	AT WORK	T WORK									
ACTUAL SIGNATURE SECURIC SECURITY MEDICAL EXAMINER DATE SIGNED 1-19-79 EXAMINER'S NAME Benedict Skitarelic, M.D. R#9, Cumberland, Maryland (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE DATE SIGNED 1-19-79 EXAMINER'S NAME Benedict Skitarelic, M.D. R#9, Cumberland, Maryland (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE DATE DATE SIGNATION CITY OF TOWN CITY OF TOWN CITY OF TOWN Burial Jan. 22,1979 Frostburg Mem. Pk. Frostburg Allegany. Md. 24. FUNERAL DIRECTOR			22a. I certify t	hat I taak charge o	of the remains desi	cribed above, held an	Autop	sy 🔏	Inspection [X. Inquiry X	, and in my	apinian	
ACTUAL SIGNATURE PRINTING AND DEPUTY MEDICAL EXAMINER SIGNED 1-19-79 EXAMINER'S NAME Benedict Skitarelic, M.D. R#9, Cumberland, Maryland (TYPE OR PRINTI) 230. BURIAL, CREMATION, REMOVAL 236. DATE 230. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE Burial Jan. 22, 1979 Frostburg Mem. Pk. Frostburg, Allegany, Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE			death resulted	fram: Natural	causes X	Accident , S	vicide 🔲	, Hamic	ide .	Undetermined manne	r .		
EXAMINER'S NAME Benedict Skitarelic, M.D. R#9, Cumberland, Maryland (TYPE OR PRINT) 230. BURIAL CREMATION, REMOVAL 236. DATE 230. NAME OF CEMETERY OR CREMATORY Burial 230. NAME OF CEMETERY OR CREMATORY 230. DATE REC'D. BY REGISTRAR'S SIGNATURE 230. DATE REC'D. BY REGISTRAR'S SIGNATURE 230. DATE REC'D. BY REGISTRAR'S SIGNATURE				1.	1 //	1	,	TITLE (SI	PECIFY)				
EXAMINER'S NAME Benedict Skitarelic, M.D. R#9, Cumberland, Maryland [TYPE OR PRINT] [TYPE			SIGNATURE	Temedi	ctock	Marche	M	Dep	uty	_MEDICAL EXAMINE	R DAT	E 1-	19-79
Type or Print) Address 236, Burial, Cremation, Removal 236, Date 236, Name of Cemetery or Crematory 234, Location City or Town		1	1	us Done	44 - 4 CO	-1+0-0-1-	3.6	1)	D.40				۵
Burial Jan. 22, 1979 Frostburg Mem. Pk. Frostburg, Allegany, Md. 24 FUNRAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE	4	100		we bene	aict Si	citarelic	, M.		パボソ,	Cumperta	na, Ma	ryran	a
Burial Jan. 22, 1979 Frostburg Mem. Pk. Frostburg, Allegany, Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE		23a. E	URIAL, CREMATIC	N,REMOVAL 236.	DATE	23c. NAME OF CE	METERY O	R CREMATO	ORY	23d. LOCATION		YTALK	STATE
24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				l Ja	n.22.19	979 Frost	burg	Mem.	Pk.				36.0
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00063 - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH DECEASED NAME 2b HOUR **JEAN** STEPHENSON LITYPE OR PRINTE poge 3 STEPHOUSON EXA 3. SEX 4 RACE 6. AGE IN YEARS LAST BIRTHOAY) IF UNDER TYPE 5 DATE OF BIRTH YEAR ABG. 92 To BIRTHPLACE & CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ALLEGANY E WIDOWED DIVORCED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR 120 USUAL OCCUPATION

ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Af Supplies Navy Dept. Bur. of Supplies BALTIMORE, MARYLAND 21201 STAULG COMMUUN SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13e STREET ADDRESS MONTO ERWOOD D WHEAT YES A 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ONES 160 WAS DECEASED EVER IN U.S. ARMED FORCES IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SAME AS NO pope 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY 201 W. PRESTON ST., das IMMEDIATE CAUSE to 50 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse 101, stoting underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION ž 21d. INJURY OCCURRED 21e PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated did eat view the body ofter death DIREC 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING . MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN PORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b ANGEL 48 DRUE ŧ 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION STATE (SPECIFY REMATION CREM 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 NAME (VR A 15 (4))

Durst Funeral Home, Frostburg, Md. 21532

FOR

REGISTRAR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-00064

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2	7		1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND SEALTH AND MENTAL F ICATE OF DEATH	RE	G. NO.	0067	
	ge 3 eath			CEASED NAME OR PRINT) AL	BERTA		G.		ARNICK	20. DATE OF DEA	TH MONTH	5, 197	, ,
	Poge 4 micy		3. SE	Female	4.1	RACE White		5. DATE C	DAY YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY]	MONTHS DAYS	_
	Souce S		RTHPLACE (STATE OR FO	PREIGN 7b		WHAT COUNTRY?	8	DENEVER MARRIED					
of the funded of		50		CUMBERLAND		11. NAME OF HOSPITAL, NURSIN			OR OTHER INSTITUTION	12a USUAL OCCU	PATION LOST OF WORKING	GLIFE) 126. KIND INDUSTR' Scho	Y
AND 212	filled in rould be f	eg sa pe		AL RESIDENCE (IF NURS)	NG HOME OR OTH		GIVE RESIDENCE BEFOR 13t. CITY OR TOV LaVale		13d. INSIDE CITY LIMITS YES TOO [? 13e. STREET ADDR			
MARYL	ted within ampletely and 2 sh	010		THER'S NAME FIRST William	MIDE	99111	Goebel		15. MOTHER'S MAIDEN	Pe	arl	Sh	à
BALTIMORE, MARYLAND	be execu	l medicol		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE WA		216 22		Franklin Wa		ale, Md		
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W. PRESTON	death ce affending ave carb	raumatic		Conditions, if ony,		DUE TO, O	ACUTO 8	ence of C	hronic Hea	ert Failu	re	We)
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10F VII	NOF VITA SICIAN: Ti op physici certificate certificate ental Hygi			210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH		FINJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE O	F INJURY IN ITEM	18, PART 1 OR PART 2]	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Viter this certificate has been sig os the busial-transit permit. Then th and Mental Hygiene prior to b		ked or He	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WO	ILE 🗀	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY	ORTOWN	COUNTY	
۵	R ATTENDIN haspital ar IRECTOR: Af hed for use a	21 is mor		220.1 certify that (1) saw the decease above, (1) The (1)		_		mo	6-78 , 19 and that in (my) (app.) opin	ion death occurred an	-5-70 the date and	, 19 hour and from th	10
	AL OR A the hos AL DIREC detached ote Dept.	II. If her		22b. SIGNATURE	Milia	Met	1		DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF HYSICIAN []	22c. DAT	
	O HOSPIT efoined by TO FUNER Thould be of	APORTA		DR. G.			MMELWRI	GHT		JMBERLAND			
	0 - 2/3	4											-

GIVEN IN PART OF S FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES | A 18. PART 1 OR PART 21 COUNTY STATE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on Jan above, (I) We) (did) March view the body after and that in (my) (Agr) opinion death occurred on the date and hour and from the causes stated DEGREE 22b. SIGNATURE 22c. DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 133 VA. AVENUE, DR. G. OVERTÓN HIMMELWRIGHT CUMBERLAND, MD. 23c NAME OF CEMETERY OF CREMATORY Laurel Hill Cemtery 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Marie 1/8/79 Moscow Mills Alle hany Burial 250. DATE REC'D. BY REGISTRAR 25 PREGISTRAR'S SIGNATURE Boal's Funeral Service, P.A. Westernport, Md.

2b. HQUR

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes

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IF UNDER 24 HRS

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DHMH-16 50M 7/77 (VR A 15 (4))

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FOR - STATE REGISTRAP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00069

3. SEX BITTO BIRT COU Wes 10. CITY USUAL 130. ST/ Ma.1 14. FATH	Female The Lace State or Foreign INTRY ST VIRGINIA Y OR TOWN OF DEATH CUMBERLAND RESIDENCE (IF NURSING MATE 136	TRACE White White USA II NAMEO WENDING	F WHAT COUNT F HOSPITAL, NUF FUCHFACILITY, GIVE ST ORIAL H	5. DATE O MONTH MAY TRY? 8. MARRIEL WIDOWE ORSING HOME O	27. 1924 DE NEVER MARRIED	JANUARY 6. AGE (IN YEARS LAST BIRT 54 9. BALTIMORE CITY O	21, THDAYI YRS. OR COUNT	197 IF UNDER	R I YEAR DAYS	4:0 IF UNDER
3. SEX F 7. BIRT COU Wes 10. CITY COU USUAL 130. ST/ Maj 14. FATH	Female (HPLACE STATE OR FOREIGN INTRY) ST VIRGINIA (OR TOWN OF DEATH CUMBERLAND RESIDENCE (IF NURSING MATE TVLAND HER'S NAME FIRST	4 RACE White White USA 11. NAME O UF NOTICE MEMORY DOME OR OTHER INSTITUTION COUNTY	E WHAT COUNT F HOSPITAL, NUE CUCHFACILITY, GIVE ST ORIAL H	S. DATE O MONTH MAY TRY? 8. MARRIEL WIDOWE ORSING HOME O	DF BIRTH DAY YEAR 27. 1924 D M NEVER MARRIED DIVORCED	6. AGE (IN YEARS LAST BIRT 544 9. BALTIMORE CITY O	YRS. OR COUNT	IF UNDER	R I YEAR DAYS	IF UNDER
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10 CITY CO USUAL 130. ST/ Maj 14. FATH 160 WA (YES	CORTOWN OF DEATH CUMBERLAND RESIDENCE (IF HURSING MATE 136 I TYLAND HER'S NAME FIRST	11. NAME O (IF NOT INS MEMO DME OR OTHER INSTITUTION COUNTY	ORIAL H	IRSING HOME O		FA	10000			
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	AS DECEASED EVER IN U.			SECURITY NO.	17 INFORMANT	ADDRI	ESS	II III	i ret	
	, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES	2 4 7		26 7 2 7					,
	10				Mr. Leander	norton, Ul	dtown	, Hu	Spar	Id .
1	8 CAUSE OF DEATH (En	nter only one couse p	er line for (a), (b)	i, ondicit	11 . 1 1	- 1		81	APPROXIMETWEEN O	NSET AND
No.		EDIATE CAUSE (0)_	LONGE	341VE	HAARI F	AI /UKI			10	1204
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W 7	10. ACCIDENT WAS UNDERLYIN	110110	OF INJURY	DAY YEAR	TIC HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART 1 OR	PART 21	
/ ¥	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH	P.M.	19	AND DESCRIPTIONS					
	1d. INJURY OCCURRED	21e. PLAC	E OF INJURY		211. LOCATION					
	WHILE NOT WHILE	(AT HOME,	STREET, FACTORY, OFF	FICE, FARM, ETC.]	STREET	CITY OR TO	WN	cou	MIA	5
	AT WORK	1 2 0 0 1 1 1	4 1 1 1 7	om 356	of 1975	, to JAN 2	1	10 273		(b) /
4	220. I certify that (I) (this sow the deceased of		2/	201	nd that in (my) (aur) opinion o		ote and he	. 17 - /		that (1) (
	obove, (I) (we) (did) (did not) view the boo	dy after death.	1		zeom occorred on me d	016 0110 110			
2	226. SIGNATURE		()	DEGREE	ALEDICAL STA	cc	22	C. DATE	SIGNED
	012/2	J-187	me	A.	ATTENDING PHYSICIAN	MEDICAL STA				
	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e. ADDRESS	C CENTRA				
. 2	DR. D.B.	GROVE '			CUME	S. CENTRE	2014	SEE	12	
7	VIVA DAIJA		1	22 11115 52 5			10.	120	4	
					CALCIEDY OD CDCALATORY	1234 LOCATION				
23a. BU (SPI	URIAL, CREMATION, REM	1-24-			n Cemetery	23d LOCATION CITY OR TOWN		county		.51

James F. Scarpelli, Cumberland.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician may be

executed within 24 hours after

that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00070

- STATE REGISTRAR					CERTIF	ICATE OF DEATH	REG. NO.				
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR	
line	ORPRINT)	OLIN	LE	SLIE	W1	LEY	JANUARY 9,	X1979	9	10:15Pm	
3. SEX	(4 RACE		5. DATE O		6. AGE (IN YEARS LAST BI	(YAOHT)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
M	ale		White		Augu		54	YRS.	MONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY			
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10 CI	TY OR TOWN OF DE	ATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR	
Cu	mberland	1	SACRE	D HEART H	IOSP I	TAL	Carpente		Buil	ding	
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_	THER'S NAME		×			15. MOTHER'S MAIDEN NA	ME				
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	AS DECEASED EVE	R IN U.S. AR		16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR		2002119	-	
()	Yes		WAR OR DATES)	219-14-5	5487	Eloise M. V	Vilev LaV	ale	Marvla	nd	
				<u> </u>			Ω101, Σαι	,		MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH	WAS CAUSE	D BY:	line for 19, (b), one	7	Musean	di I da	beath	activities.	JASEL AND DEATH	
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z	PART 2 OTHER SIC	MIFICANI	CONDITIONS CO	DATKIBUTING TO L	DE ATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR COM	ADITION GIV	EN IN PART TO	01	
MEDICAL CERTIFICATION	190 DATE OF OPER	ATION	184 CONID	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h JE YE	S, WERE FINDI	VGS LISED	
FIC.	178 DATE OF OPER	ATION	170. COIND	IIION POR WINCH	OFERATIO	NAS PERI ORMED	_	IN CERTIF	FYING CAUSES	OF DEATH?	
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<	AT WORK AT W	WHILE									
		I) (this hosp	ital) attended th	e deceased from_			, to		19,	that (I) (we) last	
	sow the deceo	sed plive or	the body	-14	. 0	nd that in (my) (our) apinion	death occurred on the	date and hai	or and from the	causes stated	
-	226 SIGNATURE	(did) (did no	of view the body	offer deoffi.		DEGREE			22c. DATE	SIGNED	
	1	1/M	wich	118013	5	ATTENDING		AFF	1-1	1-79	
	22d. PHYSICIAN'S N	JAME (TYPE	O PRINTI			22e. ADDRESS	DIRECTOR PHYS	CIAN			
	III. I II CIAIN ST	THINE (TIPE)	ZK EKNINT)			Tre. ADDINESS					
	VICTOR N			. BMG GB		SETON DR.	CUMBERLAN), MD.	215	02	
23a E	BURIAL, CREMATION SPECIFY)	, REMOVAL	23b. DATE			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	5.4	COUNTY	STATE	
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24 FI	NERAL DIRECTOR	HNEPA		309000 ECA	TUR S	STREET. ZSO. DAT	E REC'D, BY REGISTRA	RIZSE REGIST	TRAR'S SIGNAT	URE	
	CIMBERLA	ND. M	2 1502	200			JAN 19 191	b	11/11	- Johnson	

BP. DHMH - 16 50M 7/77

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions that the following should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shows any

(VR A 15 (4))

STATE OF MARYLAND

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STATE OF MARYLAND

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injury, or other troumotic event, the

should be detoched for use os the burial-transit permit. Then please remove corbaniwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

TO FUNERAL DIRECTOR: After this certificate has be

IMPORTANT: If Item 21 is morked or Item 18 shows ony

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-0007

		REGISTRAR				CEKITE	ICATE OF DEATH	RE	G, NO.		
		CEASED NAME	FIRST		MIDDLE	l	AST	2a. DATE OF DEAT	HINOM H	DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	MARGUE	RITE	ELEANOR	WIN	ITERS	1-13-79			10:55PM
H	3. SE	X		RACE		S. DATE C		6. AGE (IN YEARS LA	T BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS
		remale	•	Whi	te	J'U'	ly 10,1911	67	YRS.	MONTHS DAYS	HOURS MIN
A		RTHPLACE (STATI		USA	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CI			
1		TY OR TOWN O			HOSPITAL NURSIN	WIDOWE	DIVORCED DIVORCED	ALLEGAN		_	MD. F BUSINESS OR
2	. (Cumberl	and	SACRED	HEART HOS	PITAL	A OTHER HASHINGTION	Homem			OF BUSINESS OR
B	Ma	aryland	NURSING HOME OR	egany	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	132 2 96ET SOR	Mervil	le Ave	nue
1	14 FA	Henry	, M	IDDLE	Temke		Nord Kell		ME	tAS	2 2011
	16a V (Y	VAS DECEASED I	EVER IN U.S. ARA N) (# YES, GIVE	MED FORCES? WAR OR DATES)	169-28		D Lynn Wint		nchest	erla er Roa	
	TION	PART 2 OTHER	immediate stating the couse last.	DUE TO, O (c) ONDITIONS CO		NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR (CONDITION G	ROLL	
7	CERTIFICATION	190 DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES YES []	
9	MEDICAL CER		AS UNDERLYING CONTROL CAUSE OF DEAT MEDICAL EXAMINER)	"	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18.	, PART 1 OR PART 2)	
	MED	WHILE AT WORK	CURRED NOT WHILE AT WORK	21a PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	FARM, ETC.) 211 LOCATION STREET P- N		CITY OR TOWN		COUNTY	ST P STATE
		sow the de above, (1) (v 22b. SIGNATUR	eceosed olive on we) (did) (did not		liann	9.	19 7 19 7 19 10 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [deoth occurred on t	STAFF _	our and from the	
1		DR. VI		0	0	u cent	909-B SET	ON DRIVE.	CUMBER	LANDMC	21502
	230. B	urial, CREMAT urial	ION, REMOVAL	Jan.	23c. N	AME OF C	emetery or crematory ley Cemeter	23d. LOCATION		I a	dford C

DHMH - 16 50M 7/77 (VR A 15 (4))

1-16 50M 7/77 24. FUNERAL DIRECTOR

ZETGLERS FUNERAL HOME, HYNDMAN, PA 15545

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
JAN 1 19/9 refry he Credy

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particles and foreign to the first of the fi			N.JLV		
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				LAND FROM THESE DEPOSITIONS.	
				Shalradidh, weesti	
					lever transfer
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Associated the Control of the Contro				TR. J. HELLAND	